

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029589

FILED VS. AUG 20 1959 / 60

Registration District No. _____ Primary Registration District No. 559v Registrar's No. 119

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFF.					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM		Length of stay in 1b		c. CITY OR TOWN CRYSTAL CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. MEM. HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 225 BROADWAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JAMES Middle ZARLENGA Last ZARLENGA				4. DATE OF DEATH Month 8 Day 9 Year 59					
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-3-.93	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL PLASTER			10b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED		11. BIRTHPLACE (City and state or country) UNK. ITALY		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME ANGELO ZARLENGE			13b. MOTHER'S MAIDEN NAME ANGELA MARIA			14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I			16. SOCIAL SECURITY NO. 186-16-4853		17. INFORMANT Address MRS CHAS. RAGUSA CRYSTAL CITY, MO				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the gastro-intestinal tract							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)						
			DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) multiple metastases of liver					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from July 19, 59 to Aug 9, 59 and last saw her alive on Aug 9, 59 Death occurred at 10:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Dorothy Ragusa (Degree or title)				22b. ADDRESS Dorothy, Mo			22c. DATE SIGNED 8/11/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8-12-59	23c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEMETERY		23d. LOCATION (City, town, or county) CRYSTAL CITY, MO. (State)				
24. FUNERAL DIRECTOR ADDRESS GENTRY R. POLITTE CRYSTAL CITY, MO.				25. DATE RECD. BY LOCAL REG. 8-11-59		26. REGISTRAR'S SIGNATURE [Signature]			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 27 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gentry P. Cole

Licensed Embalmer No. 348

P. O. Address Crystal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.