

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030002

FILED VS SEP 14 1959 274

3052

290

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pettis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pettis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 2 1/2 miles north Sedalia highway 65		Length of stay in 1b Transit	c. CITY OR TOWN Knobnoster		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRANK Middle R. Last PIANCINO			4. DATE OF DEATH Month Sept. Day 6, Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH May, 23, 1936	9. AGE (last birthday) 23	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S.A.F. enlisted man		10b. KIND OF BUSINESS OR INDUSTRY Insisted, U.A.F.		11. BIRTHPLACE (City and state or country) New Mexico	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Frank Piancino		13b. MOTHER'S MAIDEN NAME Evelyn Roth		14. NAME OF HUSBAND OR WIFE Betty Piancino			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes at present,		16. SOCIAL SECURITY NO. 525-76-2770	17. INFORMANT Address Whiteman Air Force Base Records,				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) multiple fractures of neck, legs and DUE TO (b) Right arm due to motorcycle accident DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 checked="" 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.) Motorcycle accident (one vehicle) - driver					
20c. TIME OF INJURY Hour 6:45 p.m. Month, Day, Year 9-6-59	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State highway		20f. CITY, TOWN, OR LOCATION Pettis		COUNTY Pettis	STATE Mo		
21. I attended the deceased from VIEWED as Coroner 7:05 P. and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Chas Gordon Stauffbecher M.D.			22b. ADDRESS Corner of Pettis Co		22c. DATE SIGNED 9-6-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 9-7-59	23c. NAME OF CEMETERY OR CREMATORY Raton, New Mexico,		23d. LOCATION (City, town, or county) (State) Raton, New Mexico.			
24. FUNERAL DIRECTOR The Brauningers, Warrensburg, Missouri		ADDRESS _____	25. DATE RECD. BY LOCAL REG. 9-7-1959	26. REGISTRAR'S SIGNATURE Frances Shelby			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

46, 2, 39

STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jimmy S. Kuckson

Licensed Embalmer No. 4092

P. O. Address Winnemac, Wis.

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.