

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 044731

FILED VS. DEC 23 1959

Primary Registration District No. Registrar's No. 214

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <u>Macon Hudson</u>		Length of stay in 1b <u>3 yrs.</u>		c. CITY OR TOWN <u>Bedick</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lakeview Rest Home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>HADAM</u> Middle <u>DAUGHT</u> Last <u>DAUGHT</u>				4. DATE OF DEATH Month <u>11</u> - Day <u>26</u> - Year <u>59</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-2-65</u>		9. AGE (last birthday) <u>94</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>  </u>		11. BIRTHPLACE (City and state or country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Peter Donati</u>				13b. MOTHER'S MAIDEN NAME <u>Rose Ugolis</u>				14. NAME OF HUSBAND OR WIFE <u>  </u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>  </u>		17. INFORMANT <u>Mrs. Joe Marva</u>		Address <u>Berwick Md</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>Arteriosclerotic Cardiovascular - Renal Disease</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senile Dementia</u> 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										INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>			
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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u>		Month, Day, Year <u>  </u> <u>  </u> <u>  </u>											
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 <u>Interval from</u> <u>Oct 1959</u> to <u>11/26/59</u> and last saw her alive on <u>11/21/59</u> Death occurred at <u>11-25-59</u> <u>11 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Jessie E. Campbell MD</u>				22b. ADDRESS <u>Macon Mo</u>				22c. DATE SIGNED					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>11-28-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Cem.</u>				23d. LOCATION (City, town, or county) (State) <u>Berwick Mo</u>					
24. FUNERAL DIRECTOR <u>889 Edwards</u>				ADDRESS <u>Berwick Md</u>		25. DATE RECD. BY LOCAL REG. <u>12/16/59</u>		26. REGISTRAR'S SIGNATURE <u>Rich McNeely</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 29 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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *H. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address Beaverton, Ore

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.