

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-000030

FILED VS FEB 15 1960

STATE FILE NUMBER

DED

Registration District No. 1 Primary Registration District No. Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Novinger		Length of stay in 1b yrs	c. CITY OR TOWN Novinger		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at family home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) N. W. Part of town		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle Last Georgetti			4. DATE OF DEATH Month Feb. Day 10, Year 1960		
5. SEX M	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/4/1870	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY Coal Mines		11. BIRTHPLACE (City and state or country) Lucca Perlammeri Italy	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME John Georgetti		13b. MOTHER'S MAIDEN NAME Katherina	
14. NAME OF HUSBAND OR WIFE Mary A. Agrimonti		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no no unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498 40 1717	
17. INFORMANT Angela Georgetti, Novinger, 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) Coronary Occlusion DUE TO (b) _____ 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 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 Feb 10-60 to Feb 10-60 and last saw him alive on Feb 10-1960 Death occurred at 7 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree of title) H. Garrison M.D.			22b. ADDRESS Novinger, Mo.		22c. DATE SIGNED 2-10-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/12/60	23c. NAME OF CEMETERY OR CREMATORY Novinger Cemetery		23d. LOCATION (City, town, or county) (State) Novinger, Mo.
24. FUNERAL DIRECTOR Paul M. P. Ray		ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 2-11-1960	26. REGISTRAR'S SIGNATURE Doris W. Ratliff

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

H. T. GARRISON, M.D.

FEB 13 1900

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 George W. Davel

Licensed Embalmer No. 4799
P. O. Address Kipsville

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.