

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002214  
STATE FILE NUMBER

FILED VS JAN 28 1960/63

Registration District No. 7093 Primary Registration District No. 5093 Registrar's No. 7

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Plattin Twp.</b>		Length of stay in 1b - - -		c. CITY OR TOWN <b>Festus</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rush Tower Community</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Rte. # 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Louis</b> Middle <b>Canepa</b> Last <b>Canepa</b>				4. DATE OF DEATH Month <b>Jan</b> Day <b>19</b> Year <b>1960</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan 22, 1867</b>		9. AGE (last birthday) <b>92</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (Ret)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>		11. BIRTHPLACE (City and state or country) <b>New Orleans, La.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>27</b> Hours <b></b> Min. <b></b>	
13a. FATHER'S NAME <b>Frank Canepa</b>			13b. MOTHER'S MAIDEN NAME <b>Kate Barbario</b>			14. NAME OF HUSBAND OR WIFE <b>Louise Krauschner</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. Wm. Weaver, Rte. # 1, Festus, Mo.</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypertensive Heart Disease over 20 years</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Chronic Hypertension &amp;</b> DUE TO (c) <b>arteriosclerosis</b> 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 <b>7:50</b> Month, Day, Year s.m. p.m.		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 <b>Crystal City Mo</b>		COUNTY STATE	
21. I attended the deceased from <b>Dec 14-1954</b> to <b>Jan 19-1960</b> last saw him alive on <b>Jan 17-1960</b> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>J. Sommerford MD</b>				22b. ADDRESS <b>Crystal City Mo</b>		22c. DATE SIGNED <b>Jan 21/1960</b>			
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan. 21, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Catholic Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Festus-Crystal City, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Vinyard Fun'l. Homes, Inc., Festus, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>1-21-1960</b>		26. REGISTRAR'S SIGNATURE <b>Marie Harris.</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS JUL 19 1967

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 Donald H. Vinson

Licensed Embalmer No. 4608

P. O. Address Gretna

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.