

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

60-010359

FILED VS APR 4 1960

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 117 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cole</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City, Missouri</u> Length of stay in 1b <u>8 days</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u> c. CITY OR TOWN <u>Linn, Missouri</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Chas. E. Still Osteopathic Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Linn Manor Rest Home</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Vincenzo</u> Middle <u>(None)</u> Last <u>Randazzo</u>			4. DATE OF DEATH Month <u>March</u> Day <u>31</u> Year <u>60</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>8-14-1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sicily</u>	9. AGE (last birthday) <u>74</u>
13a. FATHER'S NAME <u>Salvator Randazzo</u>		13b. MOTHER'S MAIDEN NAME <u>Marion Sansone</u>	14. NAME OF HUSBAND OR WIFE <u>Rosa Lafata</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>State Hospice Records - Jerno.</u> Address
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>Medullary Failure</u> DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Arteriosclerosis, Generalized</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>8 Days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Amputation right leg on 3-25-60</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
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 <u>3-20-60</u> to <u>3-31-60</u> and last saw ^{her} him alive on <u>3-31-60</u> Death occurred at <u>3:35 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Thomas W. Balkus, D.O.</u>		22b. ADDRESS <u>Linn, Mo.</u>	
22c. DATE SIGNED <u>3/31/60</u> (State)		23. LOCATION (City, town, or county) <u>St Louis, Mo</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3-31-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24. FUNERAL DIRECTOR <u>Clyde Moxton, Linn, Mo</u> ADDRESS		25. DATE REC'D BY LOCAL REG. <u>31 March 1960</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Davis, MD - Richter</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS
APR 14 1960

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 Vernon M. Mout

Licensed Embalmer No. 4125

P. O. Address Lynn, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.