

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 22 1960

-60-023799

Registration District No. 700 Primary Registration District No. 3-0-4-1 Registrar's No. 117

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>Bevier</u>		Length of stay in 1b	c. CITY OR TOWN <u>Bevier</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input 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>Joseph</u> Middle <u>S.</u> Last <u>Ronchetto</u>			4. DATE OF DEATH Month <u>5</u> Day <u>28</u> Year <u>60</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-19-80</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>shop collector</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Italy</u>	12. CITIZEN OF WHAT COUNTRY <u>USC</u>	
13a. FATHER'S NAME <u>Angelo S. Ronchetto</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Umidon</u>		14. NAME OF HUSBAND OR WIFE <u>Dorolina Ronchetto</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.		17. INFORMANT <u>Dorolina Ronchetto</u> Address <u>Bevier</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Coronary artery thrombosis</u>			<u>immed.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic congestive disease</u>		<u>5 yrs.</u>
DUE TO (c) <u>Hypertension &amp; chronic valvular disease</u>		<u>10 yrs.</u>	

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	
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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>12:30</u> 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 1950 to 1960 and last saw her/him alive on 5-27-60  
Death occurred at 12:30 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. L. Hurdens, O.</u> (Degree or title)	22b. ADDRESS <u>Macon, Missouri</u>	22c. DATE SIGNED <u>6-2-60</u>
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23a. BURIAL, CREMATION, EMOVAL (Specify) <u>Bevier</u>	23b. DATE <u>5/31/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Charles cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bevier Mo</u>
24. FUNERAL DIRECTOR <u>W. G. Edwards</u> ADDRESS <u>Bevier Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6/8/60</u>	26. REGISTRAR'S SIGNATURE <u>Walter M. Weely</u>	

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

**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 H. S. Edwards

Licensed Embalmer No. 1961

P. O. Address Beverly Va

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