

FEDERAL BUREAU OF INVESTIGATION  
 U.S. DEPARTMENT OF JUSTICE  
 NATIONAL CENTER FOR HEALTH STATISTICS  
 NATIONAL BUREAU OF VITAL STATISTICS  
 NATIONAL CENTER FOR HUMAN GENEALOGY

FILED VS AUG 15 1960

-60-027482

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 73

RECEIVED

1. PLACE OF DEATH a. COUNTY <u>La Fayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington</u>		Length of stay in 1b <u>50y.</u>	c. CITY OR TOWN <u>Lexington</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>SAINT TERES BRIDGE HOME</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>South Tevis Bridge</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>M.</u> Last <u>Roncelli</u>			4. DATE OF DEATH Month <u>July</u> Day <u>29</u> Year <u>1960</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. <del>Married</del> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct-12-1892</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COAL MINING</u>		11. BIRTHPLACE (City and state or country) <u>Bergamo Italy</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA.</u>		13a. FATHER'S NAME <u>John Roncelli</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE BONFANTI</u>	
14. NAME OF HUSBAND OR WIFE <u>MARIA SCOTT</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of service) <u>700</u>		16. SOCIAL SECURITY NO. <u>487-05-0512</u>	
17. INFORMANT <u>Merico Roncelli</u>		Address <u>Lexington, Mo.</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>Coronary thrombosis</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Original coronary thombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
DUE TO (c) <u>also coronary thrombosis</u>				<u>6 yrs. ago</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</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 <u>10 PM</u> Month, Day, Year <u>July 29, 1960</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>1955</u> to <u>July 29, 1960</u> and last saw her alive on <u>July 29, 1960</u>		Death occurred at <u>10 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ben H. Brasher M.D.</u>		22b. ADDRESS <u>Lexington, Missouri</u>		22c. DATE SIGNED <u>7/29/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 1-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Lexington Mo.</u>	
24. FUNERAL DIRECTOR <u>Vaughn-Walker</u>		ADDRESS <u>Lexington</u>		25. DATE RECD. BY LOCAL REG. <u>8-1-60</u>	26. REGISTRAR'S SIGNATURE <u>Marion Grant</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 15 1951

**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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington,

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.