

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035671

FILED VS SEP 28 1960

223

Registration District No. 3051

Primary Registration District No. 119

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>PERRY</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PERRYVILLE</u> Length of stay in town <u>1 1/2 hours</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PERRY Co. MEM. HOSP.</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>STE. GENEVIEVE</u> c. CITY OR TOWN <u>STE. GENEVIEVE</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>R.F. D # 1</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ANN</u> Middle <u>MARIE</u> Last <u>ZARINELLI</u>		4. DATE OF DEATH Month <u>9</u> Day <u>22</u> Year <u>68</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-22-60</u>
9. AGE (last birthday) IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> IF UNDER 24 HR Hours <u>0</u> Min. <u>30</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NO</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>NO</u>		11. BIRTHPLACE (City and state or country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>AMERICA</u>		13a. FATHER'S NAME <u>ANTONIO A. ZARINELLI</u>	
13b. MOTHER'S MAIDEN NAME <u>WILMA E. GISI</u>		14. NAME OF HUSBAND OR WIFE <u>ANTONIO A. ZARINELLI</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. <u>NONE</u>	
17. INFORMANT <u>Antonio A. Zarinelli</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>Prematurely</u> 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 <u>30 min.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Placenta Praevia Haemorrhoides</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 _____ Month, Day, Year _____			
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	
20g. STATE			
21. I attended the deceased from <u>Sept. 22-60</u> and last saw him/her <u>live on Sept 22-60</u> Death occurred at <u>7:15 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Joseph F. Litterst M.D.</u>		22b. ADDRESS <u>Ste Genevieve Mo</u>	
22c. DATE SIGNED <u>9-23-60</u>			
23a. BURIAL, CREMATION, OR DISPOSAL		23b. DATE <u>9/23/60</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>		23d. LOCATION (City, town, or county) <u>Ste. Genevieve, Missouri</u>	
24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG. <u>9-23-60</u>	
ADDRESS		26. REGISTRAR'S SIGNATURE <u>Joseph J. Zellner</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 ^{not} embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Albert Bey

Licensed Embalmer No. 3876

P. O. Address Ferrisville

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.