

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

-61-002037

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 15

AMENDED

FILED VS. FEB. 7 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Lafayette	a. STATE	MISSOURI
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Lexington	b. COUNTY	Lafayette
Length of stay in 1b	55yrs	c. CITY OR TOWN	Lexington
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION	Lexington Memorial Hosp.	Inside Limits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Inside Limits	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS	North 16 st.
Reside on Farm	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
John	P.	Marchetti	January	30
Year	1961			
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)
male	white		Jan 1-1891	70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Maintenance		Public School	Osage City Kansas	U.S.A

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Pete Marchetti	Orsula Boitote	Beulah Simmons, (de)
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
NO		Mrs Jack Bullard
		Address
		416 So. 23rd.

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>Acute Coronary thrombosis</u>		sudden
DUE TO (b) <u>Arterio sclerosis</u>		
DUE TO (c) <u>Cerebral embolism</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

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 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 1956 to Jan-30-'61 and last saw ^{then} him alive on Jan. 30, 1961
 Death occurred at 2:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<u>Bern H. Brashear</u>	<u>M.O. Lexington Mo</u>	<u>2-1-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
<u>BURIAL</u>	<u>Feb 2 1961</u>	<u>Machpelah Cemtery</u>
23d. LOCATION (City, town, or county)	23e. LOCATION (City, town, or county)	
<u>Lexington</u>	<u>Lexington</u>	
24. FUNERAL DIRECTOR	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<u>Vaughn-Walker, Lexington, Mo.</u>	<u>2-2-61</u>	<u>Marion E. Ewald</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

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 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 Leopington, Va.

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.