SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-013424
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 389

FILED APR 24 1961

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in Ib: 92 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Medical Center for Federal Prisoners — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Virginia b. COUNTY: Virginia Beach
c. CITY OR TOWN: Virginia Beach — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 417 17th Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Orlando Middle: Martin Last: Sarriera
4. DATE OF DEATH: Month 4 Day 15 Year '61
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/30/01
9. AGE (last birthday): 59
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): General maint & electrician
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (City and state or country): Brooklyn, New York
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Joseph Ralph Sarriera (dec)
13b. MOTHER'S MAIDEN NAME: Lydia Curry Sarriera (dec)
14. NAME OF HUSBAND OR WIFE: Esther Mae MacCandles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 10/'19, 7/21
16. SOCIAL SECURITY NO.:
17. INFORMANT: MCFP Files Sprimgfield, Missouri — Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinomatosis of liver — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma right kidney
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1-13-61, to 4-15-61 and last saw him alive on 4-15-61
Death occurred at 2:12 am. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Clarence Kooiker, M. D. (Degree or title) Clinical Director
22b. ADDRESS: MCFP Springfield, Missouri
22c. DATE SIGNED: 4/17/61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 4/21/61
23c. NAME OF CEMETERY OR CREMATORY: ST. MARY'S CEMETERY
23d. LOCATION (City, town, or county) (State): SPRINGFIELD, MO.
24. FUNERAL DIRECTOR ADDRESS: H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG.: 4-18-61
26. REGISTRAR'S SIGNATURE: Effie E. Wallen

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — BY AFFIDAVIT OF — ITEM NO.

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 H L McCann

Licensed Embalmer No. 2727

P. O. Address_____

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.