

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-037800

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1092

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 5 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Butler</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Length of stay in Tb Life</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY Butler</p> <p>c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) 729 Lester Street Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year</p> <p style="text-align: center;">CHARLES DALY GIAMBELLUCA Oct. 27, 1962</p>	
<p>5. SEX Male</p>	<p>6. COLOR OR RACE White</p>
<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 10-27-62</p>
<p>9. AGE (last birthday) IF UNDER 1 YEAR Months 1 Days 1 IF UNDER 24 HR Hours 1 Min.</p>	<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant</p>
<p>10b. KIND OF BUSINESS OR INDUSTRY - - - - -</p>	<p>11. BIRTHPLACE (City and state or country) Poplar Bluff, Mo.</p>
<p>12. CITIZEN OF WHAT COUNTRY USA</p>	<p>13a. FATHER'S NAME Sam L. Giambelluca</p>
<p>13b. MOTHER'S MAIDEN NAME Jewell Perry</p>	<p>14. NAME OF HUSBAND OR WIFE None</p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No</p>	<p>16. SOCIAL SECURITY NO. None</p>
<p>17. INFORMANT Sam Giambelluca Address Poplar Bluff, Mo.</p>	<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Bleeding</p> <p style="text-align: center;">DUE TO (b) Due to abnormal clotting mechanism</p> <p style="text-align: center;">DUE TO (c) Due to Erythroblastosis Fetalis</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>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</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour 4:45 a.m. p.m. Month, Day, Year 10-27-62</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION Poplar Bluff, Missouri COUNTY STATE</p>
<p>21. I attended the deceased from 10-27-62, 4:45 A.M. to 1:09 P.M. and last saw her alive on 10-27-62</p> <p>Death occurred at 1:09 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <i>[Signature]</i> L. Wright, M. D.</p>	<p>22b. ADDRESS Poplar Bluff, Missouri</p>
<p>22c. DATE SIGNED 11-1-62</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	<p>23b. DATE 10-27-1962</p>
<p>23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery</p>	<p>23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.</p>
<p>24. FUNERAL DIRECTOR Greer Croy & Fitch ADDRESS Poplar Bluff, Mo.</p>	<p>25. DATE RECD. BY LOCAL REG. 11/2/1962</p>
<p>26. REGISTRAR'S SIGNATURE <i>[Signature]</i> Thelma Graham</p>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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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 NOT EMBALMED

Licensed Embalmer No. _____

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.