

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047657

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 43

FILED JAN 3 1963

VS 300
Rev. 4/59

DATE AMENDED

0630
206.30

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9420.1

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1296-2

131-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vienna, Mo.		c. CITY OR TOWN Vienna, Mo.	
Length of stay in 1b 11 Years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Visitation Rectory		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) Rev. Guido		4. DATE OF DEATH Dec. 19, 1962.	
First Rev. Guido Middle M. Last Nardoni		Month Dec. Day 19, Year 1962.	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/24/1908
9. AGE (last birthday) 54		IF UNDER 1 YEAR Months 0 Days 20	IF UNDER 24 HR Hours 20 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Catholic Priest		10b. KIND OF BUSINESS OR INDUSTRY Priesthood	11. BIRTHPLACE (City and state or country) Italy
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Mario Nardoni	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE HEHEHE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Ann Donnatello		Address Vienna, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <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 _____ a.m. _____ p.m. 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 Feb. 5, 1955 to Dec. 19, 1962 and last saw her/him alive on Dec. 19, 1962		Death occurred at 7:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Lo Howard</i> (Degree or title) D.O.		22b. ADDRESS Vienna, Missouri	
22c. DATE SIGNED 12/21/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/22/62	23c. NAME OF CEMETERY OR CREMATORY Visitation Cemetery	23d. LOCATION (City, town, or county) (State) Vienna, Mo.
24. FUNERAL DIRECTOR W. C. Birmingham, Vienna, Mo.		25. DATE RECD. BY LOCAL REG. 12-22-62	26. REGISTRAR'S SIGNATURE <i>Trayelle Hutchman</i>

JAN 31 1963.

MAY 8 1963

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 W.C. Cunningham

Licensed Embalmer No. 3664

P. O. Address Vienna Mo

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.