

FILED FEB 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2035

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5947 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps 0676	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James Township	
c. LENGTH OF STAY (In this place) 30Yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Angleo J. Prebianca			4. DATE OF DEATH January 6, 1950 (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 30, 1916	9. AGE (In years last birthday) 33	10. IF UNDER 1 YEAR Months 4 Days 6 Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Canton, Illinois	
				12. CITIZEN OF WHAT COUNTRY? US	

13a. FATHER'S NAME Emil Prebianca		13b. MOTHER'S MAIDEN NAME Algna Trentario		14. NAME OF HUSBAND OR WIFE Luciel Prebianca (wife)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 350-01-6080		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Luciel Prebianca, St. James, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma			INTERVAL BETWEEN ONSET AND DEATH Two yds
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) adenocarcinoma lung			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			163X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Generalized carcinoma		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory (street, office bldg., etc.))		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct 1, 1944, to Jan 6, 1950, that I last saw the deceased alive on Jan 5, 1950, and that death occurred at 2:00 a.m. from the causes and on the date stated above.

23a. SIGNATURE James J. Butts M.D.		23b. ADDRESS St. James, Missouri		23c. DATE SIGNED 1/6/50	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 1-9-1950		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	
				24d. LOCATION (City, town, or county) (State) St. James, Missouri	

DATE REC'D BY LOCAL REG Jan 31, 50		REGISTRAR'S SIGNATURE Cora C. Birmingham		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O. E. Licklider, St. James, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

810

FEB 14 1950

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 2-6-50

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Carl J. Glenn

Signed _____

Student Embalmer

Licensed Embalmer No. 4707

P. O. Address St. James, 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 this body is not embalmed, fact should be so stated above.