

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27423

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 5657 Registrar's No. 68	
1. PLACE OF DEATH a. COUNTY LEWIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS		
b. CITY (If outside corporate limits, write RURAL and give town or township) CANTON TWP.		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) LEWISTOWN 0560		d. STREET ADDRESS (If rural, give location) 0
d. FULL NAME OF HOSPITAL OR INSTITUTION					
3. NAME OF DECEASED (Type or Print) a. (First) ANTHONY b. (Middle) JOSEPH c. (Last) GIORDANO			4. DATE OF DEATH (Month) (Day) (Year) SEPT 3 1950		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH APRIL 30 1918	9. AGE (In years last birthday) 32	10. MONTHS 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING	11. BIRTHPLACE (State or foreign country) NEW YORK N.Y.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME LOUIS GIORDANO		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 116-03-9493	17. INFORMANT'S SIGNATURE OR NAME Miss Alice B. Bazel		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck & concussion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Car striking bridge DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			ADDRESS Lewisiston Mo. INTERVAL BETWEEN ONSET AND DEATH 8919.4
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 31 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 16	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Lewis County		(STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 3 1950		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car struck bridge		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Carl H. Buckley (Degree or title) Coroner			23b. ADDRESS Canton Mo.		23c. DATE SIGNED 9/4/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/7/1950	24c. NAME OF CEMETERY OR CREMATORY Brooklyn N.Y.	24d. LOCATION (City, town, or county) (State) Brooklyn N.Y.		
DATE REC'D BY LOCAL REG. 9-5-50		REGISTRAR'S SIGNATURE P. H. Jennings		25. FUNERAL DIRECTOR'S SIGNATURE James A. Leder	
				ADDRESS Lewisiston Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 7 1961

Date Received: SEP 9 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-56-11
Date Filed: SEP 11 1950

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
Student Embalmer

Signed *James A. Coder*
.....
Licensed Embalmer No. *2532*

P. O. Address *Luxtown*

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.