FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31383

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 228

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodland Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
d. STREET ADDRESS (If rural, give location): 200 So Clark

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3. NAME OF DECEASED (Type or Print): a. (First) Ida b. (Middle) MAY c. (Last) Fiorita

4. DATE OF DEATH (Month) (Day) (Year): Sept 8th 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 3rd 1880
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 1, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Athome
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: SANFORD Edwin ~~Finch~~
13b. MOTHER'S MAIDEN NAME: Alice Jones
14. NAME OF HUSBAND OR WIFE: T. R. Fiorita.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: T. R. Fiorita — ADDRESS: Moberly 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardio-vascular-renal disease — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Fracture Femur, right — 17 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Osteomalacia, Parkinson's Disease

19a. DATE OF OPERATION: Aug 23-50
19b. MAJOR FINDINGS OF OPERATION: Comminuted oblique fracture rt Femur
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Moberly Randolph Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 22 1950 1:30 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fall from stool

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22. I hereby certify that I attended the deceased from Aug 22, 1950, to Sept 8, 1950, that I last saw the deceased alive on Sept 8, 1950, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [signature] E. O. Mo
23b. ADDRESS: Moberly Mo
23c. DATE SIGNED: Sept 9-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 10th 1950
24c. NAME OF CEMETERY OR CREMATORY: St Mary's
24d. LOCATION (City, town, or county) (State): Moberly. Mo

DATE REC'D BY LOCAL REG.: 9-9-50
REGISTRAR'S SIGNATURE: Leah Williams Lowe
25. FUNERAL DIRECTOR'S SIGNATURE: Mahan and Son — ADDRESS: Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 15 1951

Date Received: SEP 19 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-
Date Filed: SEP 19 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 Frank D. DeWitt

Licensed Embalmer No. 362

P. O. Address Moberly, 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.

State of Mo. } ss.
County of Cole }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 31383 - 50

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 228

On this 16th day of January, 1951, before me appears Charley Fiorita, who, upon his oath, states that the original record of ~~birth~~ death for Ida Fiorita, ~~born~~ died Sept. 8, 1950, in the State of Missouri, and which was filed at Jefferson City on Sept. 20, 1950, should be corrected as follows:

Item No. 3 should read Ida May Fiorita
Instead of Idaho Fiorita

Item No. 13A should read Edwin Sanford
Instead of Edwin Finch

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Chas. R. Fiorita Son
Relationship.

200 South Clark - Moberly, Mo.
Present Address.

Subscribed and sworn to before me this 16th day of January, 1951.

My Commission expires September 13, 1953 Betty Lou Chapman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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