. No. 300
. 10.48

0581

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

FILED NOV 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34066

BIRTH NO: ____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 395

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Marceline 0580
d. STREET ADDRESS (If rural, give location): RFD #2

3. NAME OF DECEASED (Type or Print)
a. (First): ANTHONY
b. (Middle): *
c. (Last): SANTUS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 25 1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: April 8 1896
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months: 6 Days: I7 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): railroad conductor
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Cucelio Italy
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Pete Santus
13b. MOTHER'S MAIDEN NAME: Donemica Zanotti
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes World war # I
16. SOCIAL SECURITY NO.: 709-I8-86I4
17. INFORMANT'S SIGNATURE OR NAME: Don Santus — ADDRESS: Marceline 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) Coronary Thrombosis &
Post. Wall infarction
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan —, 1944, *to* 10-25, 1950, *that I last saw the deceased alive on* 10-25, 1950, *and that death occurred at* 12:45 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert W. Smith MD
23b. ADDRESS: Marceline, Mo
23c. DATE SIGNED: 10-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 28 1950
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24d. LOCATION (City, town, or county) (State): Marceline Mo.

DATE REC'D BY LOCAL REG.: Oct 28-1950
REGISTRAR'S SIGNATURE: Mrs Jane Owens (401)
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: James McLaughlin Marceline Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 1950
DEC 7 1950
NOV 22 1950

Date Received: NOV 6 1950
DISTRICT HEALTH OFFICE #
District File Number 11-50
Date Filed: NOV 8 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 Francis L. Schoberg

Licensed Embalmer No. 4513

P. O. Address Macclenny 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.