

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43448**

FILED DEC 27 1950

BIRTH NO.		REG. DIST. NO. 373		PRIMARY REG. DIST. NO. 4545		Registrar's No. 78	
1. PLACE OF DEATH a. COUNTY Webster				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Webster, Mo.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshfield		c. LENGTH OF STAY (In this place) 57 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshfield		d. STREET ADDRESS (If rural, give location) Pine Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) Pine Street			
3. NAME OF DECEASED (Type or Print) a. (First) ANGELINIA			b. (Middle) ANDREATA			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1950							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 16, 1871	
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Austria, Italy & U.S.A.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Dominic Delbeiz		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Sam Andreatta	
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. None		17. INFORMANT'S SIGNATURE OR NAME Ben Andreatta		ADDRESS Marshfield, Mo.	
18. CAUSE OF DEATH, Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion, Acute					Few minutes
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) Arteriosclerosis, Coronary					Several years.
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4501
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) (Min.)		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. 12, 1950 , to _____, 19____, that I last saw the deceased alive on Oct. 12, 1950 , and that death occurred at 7:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE C.P. Macdonell			23b. ADDRESS Marshfield, Mo.			23c. DATE SIGNED Oct. 14, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 16, 1950		24c. NAME OF CEMETERY OR CREMATORY Marshfield		24d. LOCATION (City, town, or county) (State) Marshfield, Mo.	
DATE REC'D BY LOCAL REG. 12/13/50		REGISTRAR'S SIGNATURE J. Francis		25. FUNERAL DIRECTOR'S SIGNATURE Arthur Bruce		ADDRESS Marshfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

1121
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 18 1950

Dist. File 1250-25-28

Date Filed 12-21-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Arthur Bruce

Licensed Embalmer No. 47298

P. O. Address Marshall, 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.