

FILED APR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. E.L. Evans

State File No. 12270

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 369					
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)							
a. COUNTY Greene		a. STATE Missouri		b. COUNTY Greene							
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (In this place) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Springfield		0396					
d. FULL NAME OF HOSPITAL OR INSTITUTION 22. John Hosp.				d. STREET ADDRESS (If rural, give location) 221 1/2 N. Campbell							
3. NAME OF DECEASED (Type or Print)			a. (First) Marian		b. (Middle)		c. (Last) Pierini				
4. DATE OF DEATH		(Month) (Day) (Year)		April 25, 1951							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Unknown 1881					
9. AGE (In years last birthday) 70		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 1 MIN. Hours					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer			10b. KIND OF BUSINESS OR INDUSTRY Grocery			11. BIRTHPLACE (State or foreign country) Florence, Italy					
12. CITIZEN OF WHAT COUNTRY? Italy			13a. FATHER'S NAME Ruffo Pierini		13b. MOTHER'S MAIDEN NAME Michelina Pacetti		14. NAME OF HUSBAND OR WIFE X				
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Joseph Pierini			ADDRESS Chicago, Ill.			
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)		Pleurisy rife. Plus a few Bronch. Pneumoniae									
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES		DUE TO (b)							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)							
		III. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.							
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)		491X					
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 April 12, 1951, to April 25, 1951, that I last saw the deceased alive on April 25, 1951, and that death occurred at 11:15 P.M., from the causes and on the date stated above.											
23a. SIGNATURE E.L. Evans				23b. ADDRESS M. H. 839 East Walnut		23c. DATE SIGNED April 26/51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/27/51		24c. NAME OF CEMETERY OR CREMATORY St Mary's		24d. LOCATION (City, town, or county) (State) Springfield, Missouri					
DATE REC'D BY LOCAL REG. 4/27/51		REGISTRAR'S SIGNATURE W.E. Handley M.D.			25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer					ADDRESS Springfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0396
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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

working under my personal supervision.

Student Embalmer No.

Signed

Bene Johnson

Signed

Student Embalmer

Licensed Embalmer No.

4734

P. O. Address

Spaulding, 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.