

FILED JUL 11 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20978
State File No. _____

Registrar's No. 34

BIRTH NO. _____		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>5947</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rosati (rural St. James)</u>		c. LENGTH OF STAY (in this place) <u>50yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rosati (rural St. James)</u>		08710 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm-home St. James Turp</u>				d. STREET ADDRESS (If rural, give location) <u>farm-home St. James Turp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earnesto</u> b. (Middle) <u>B.</u> c. (Last) <u>Piazza</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1951</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 7, 1863</u>		9. AGE (In years last birthday) <u>87yrs.</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 4 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Italy</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin Piazza</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Not given</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Glenn Piazza Rosati, Missouri</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio-sclerotic heart disease</u> ANTECEDENT CAUSES <u>Generalized arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>Senility</u>					INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>July 13, 1950</u> , to <u>June 27, 1951</u> , that I last saw the deceased alive on <u>June 26, 1951</u> , and that death occurred at <u>6:30pm.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thomas D. Butts M.D.</u>				23b. ADDRESS <u>St. James Mo</u>		23c. DATE SIGNED <u>July 5, 1951</u>	
24a. HOSPITAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 30, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rosati Catholic Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Rosati, Phelps, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7-8-51</u>		REGISTRAR'S SIGNATURE <u>Lara C. Birmingham</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Cliff Pleiter</u>		ADDRESS <u>St. James, Mo.</u>	

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

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 _____

Jake Nelson

Student Embalmer No. *386*

working under my personal supervision.

Student *Jake Nelson*
Student Embalmer

Signed _____

C E Jickles

Licensed Embalmer No. *3546*

P. O. Address *Box 510, St. John*

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.