

FILED AUG 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21990**

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

BIRTH NO. _____		REG. DIST. NO. <u>14</u>		PRIMARY REG. DIST. NO. <u>4027</u>		Registrar's No. <u>15</u>				
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>						
b. CITY (If outside corporate limits, write RURAL and give township) <u>Burgess</u>		c. LENGTH OF STAY (in this place) <u>39 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Burgess</u>		TOWN <u>0060</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark Twp.</u>				d. STREET ADDRESS (If rural, give location) <u>Ozark Twp</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrea</u>			b. (Middle)		c. (Last) <u>Degani</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 26 51</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>7-24-78</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Deep Mine</u>		11. BIRTHPLACE (State or foreign country) <u>Italy</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Antone Degani</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine</u>			14. NAME OF HUSBAND OR WIFE <u>Emma F Degani</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>574-05-2350</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Velia Degani Mulberry</u>				ADDRESS <u>151X</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>151X</u>								
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach by X-Ray</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., 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 <u>July</u> , 19 <u>51</u> , to <u>7-26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-26</u> , 19 <u>51</u> , and that death occurred at <u>8:25 Pm.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Allen W Sandridge M.D.</u>				23b. ADDRESS <u>Mulberry Kans</u>		23c. DATE SIGNED <u>8/4/51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-29-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rosebank</u>		24d. LOCATION (City, town, or county) (State) <u>Mulberry Kans.</u>					
DATE REC'D BY LOCAL REG. <u>Aug 4 1951</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>		FUNERAL DIRECTOR'S SIGNATURE <u>J M Berkey</u>		ADDRESS <u>Mulberry, Kans.</u>				

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED AUG 8 1951

Dist. File 851-1441

Date Filed 8-9-51

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.....
Student Embalmer

Signed J. M. Berkeley
Licensed Embalmer No. 2336

P. O. Address Mulberry, Texas

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.