

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>J</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u> <u>1502</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>218 Garbarino</u>	
3. NAME OF DECEASED (First) <u>LeRoy</u> (Type or Print)		b. (Middle) <u>B.</u> c. (Last) <u>Difani</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 5-1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 21-1916</u>
9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 24 HRS. Days <u>14</u>	IF UNDER 1 MIN. Hours <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>P.P. Glass Co.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Mary's Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ernest Difani</u>	13b. MOTHER'S MAIDEN NAME <u>Adeline McCabe</u>	14. NAME OF HUSBAND OR WIFE <u>Anita Marie Davis Difani</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give date or date of service) <u>2nd World War</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Anita D. Difani</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Guy Disease, died from</u> <u>Natural causes unknown to Guy.</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.			
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.) <u>N</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7955</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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <u>Edwin J. Curran, Judge Acting Coroner</u>		23b. ADDRESS <u>Festus Mo.</u>	23c. DATE SIGNED <u>11-8-51</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 8-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Festus Catholic Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Festus Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-8-51</u>	REGISTRAR'S SIGNATURE <u>Gentry R. Pollette</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. S. Vinyard Festus Mo</u>	

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

502

1956

8 1956

1961

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 11-11-51

AUG 14 1952

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 _____

Donald W. Vinyard

Licensed Embalmer No. *1660*

P. O. Address *Leatas, 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.