

**STANDARD CERTIFICATE OF DEATH**

State File No. **28616**

**FILED SEP 6 - 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 80

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lafayette</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> c. LENGTH OF STAY (in this place) <u>35 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2005 McKinley</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> <u>0542</u> d. STREET ADDRESS (If rural, give location) <u>2005 McKinley</u> <u>B</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>ANTONIA</u> b. (Middle) <u>J.</u> c. (Last) <u>POVERELLO</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>August 16, 1952</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>February 15, 1878</u>
<b>9. AGE</b> (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 24 HRS. Days <u>1</u>	IF UNDER 1 MIN. Hours _____ Mins. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>operator</u>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Brusenengo, Italy.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>James Poverello</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Not Known</u>	
<b>13c. NAME OF HUSBAND OR WIFE</b> <u>Emma Morelli</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Ephie LeJeune, Lexington, Mo.</u>			
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> 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.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Malnutrition</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyloric obstruction</u> DUE TO (c) <u>Ca 7 Stomach</u>	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>151X</u>	
<b>19c. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>Jan 19, 1932</u> <b>to</b> <u>Aug 16, 1952</u> , <b>that I last saw the deceased alive on</b> <u>16 Aug, 1952</u> , <b>and that death occurred at</b> <u>12:15 AM</u> , <b>from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Dr. W. W. Ward</u>		<b>23b. ADDRESS</b> <u>1313 Franklin Ave, Lexington, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>Aug 29/52</u>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>August 17, 1952</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Lexington, Missouri.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>8-30-52</u>		<b>REGISTRAR'S SIGNATURE</b> <u>M. M. ...</u>	
<b>FUNERAL DIRECTOR'S SIGNATURE</b> <u>...</u>		<b>ADDRESS</b> <u>...</u>	

SEP 16 1957

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



Licensed Embalmer No. 2983

P. O. Address Lexington, Missouri

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.