

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

State File No. **1876**  
6

No. 300  
10.48

**FILED FEB 1 1954**

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

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lafayette</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles south of Tex.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>John</u> c. (Last) <u>Fiora</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>January 8, 1954</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>February 17, 1876</u>
<b>9. AGE</b> (In years last birthday) <u>77</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Brusengo, Italy</u>
<b>10a. USUAL OCCUPATION</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>employee</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>13a. FATHER'S NAME</b> <u>Antonia Fiora</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Rosa Miglioretti</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Florinda Delacqua</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Gilda Fiora, Lexington, Missouri</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>487-05-0550</u>		<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>MEDICAL CERTIFICATION</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Arterio sclerotic heart disease</u>	
		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 months</u>	
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____	
		<b>II. OTHER SIGNIFICANT CONDITIONS:</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive Failure</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
		<u>4200</u>	
<b>20. 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 WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Oct 3, 1953</u> , to <u>Jan 8, 1954</u> that I last saw the deceased alive on <u>8 Jan, 1954</u> , and that death occurred at <u>10:31 P.M.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>Loe W. Ward M.D.</u>		<b>23b. ADDRESS</b> <u>Lexington, Mo</u>	
		<b>23c. DATE SIGNED</b> <u>1-20-54</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>January 13, 1954</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>1-28-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>M. H. ...</u>	
		<b>FUNERAL DIRECTOR'S SIGNATURE</b> <u>F. ...</u>	
		<b>ADDRESS</b> <u>...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

*Leo J. Keane*

Licensed Embalmer No. \_\_\_\_\_

*2983*

P. O. Address \_\_\_\_\_

*Leamington, Michigan*

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.