

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16423

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Festus	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 221 N. 2nd., St. 05030	

3. NAME OF DECEASED (Type or Print) a. (First) Ernest	b. (Middle) R.	c. (Last) Difani	4. DATE OF DEATH (Month) (Day) (Year) May 17, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 27, 1889	9. AGE (In years last birthday) 64/6/20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repairman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Marys, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME Lawrence J. Difani	13b. MOTHER'S MAIDEN NAME Emma Solf	14. NAME OF HUSBAND OR WIFE Adeline McCabe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 498-34-7120	17. INFORMANT'S SIGNATURE OR NAME Adeline Difani, 221N. 2nd St. Festus Mo

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease 16 years Hypertension unknown 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.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

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 Dec 11, 1953, to May 18, 1954, that I last saw the deceased alive on May 18, 1954, and that death occurred at 3:00P m., from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) J. Hammerfeld M.D.	23b. ADDRESS Crystal City Mo 64902	23c. DATE SIGNED 5-19-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 20, 1954	24c. NAME OF CEMETERY OR CREMATORY Catholic
24d. LOCATION (City, town, or county) Festus, Mo.		(State)

DATE REC'D BY LOCAL REG. 5-20-54	REGISTRAR'S SIGNATURE [Signature] 502	5. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Festus Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 25 1954

SEP 13 1954

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.....
Signature of Student Embalmer

Signed.....
Donald E. Vinson

Licensed Embalmer No. *H.C.*

P. O. Address *Festus, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.