

FILED JAN 12 1955

STANDARD CERTIFICATE OF DEATH

State File No. 4092e

5964

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write "RURAL" and give township) <u>Kennett City</u>		c. LENGTH OF STAY in this place <u>4.5 yrs</u>		c. CITY OR TOWN <u>Kennett City</u>		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 <u>St Joseph Hospital</u>				STREET ADDRESS (If rural, give location) <u>2110 E 8th St</u>			
3. NAME OF DECEASED a. (First) <u>GEORGIA</u>			b. (Middle) <u>FONTANELLO</u>			c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>12-26-1954</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>Wh. Married</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify date) _____	
8. DATE OF BIRTH <u>3-5-1889</u>		9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u>		12. CITIES OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Isadore Battaglia</u>		13b. MOTHER'S MAIDEN NAME <u>Angela Schimma</u>	
13c. NAME OF HUSBAND OR WIFE <u>Frank Fontanello</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>		15. SOCIAL SECURITY NO. <u>none</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Tom Fontanello</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. ADDRESS <u>2110 E 8th St</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, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u>			
ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular Fibrillation</u>				3-4 wks.			
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetic Gangrene</u>			
19a. DATE OF OPERATION <u>11-19-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Lumbar sympathectomy</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>4331</u>	
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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>11-10-54</u> , 19 <u>54</u> , to <u>12-26-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-26-</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J.A. Nigro</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>1222 Meke</u>	
23a. SIGNATURE <u>J.A. Nigro</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>1222 Meke</u>	
23c. DATE SIGNED <u>12-28-54</u>				24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Church</u>			
24b. DATE <u>12-29-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Marys Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett City, MO</u>			
DATE REC'D BY LOCAL REG. <u>12-29-54</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Cassano Bros</u>			
DATE REC'D BY LOCAL REG. <u>12-29-54</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Cassano Bros</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

*DW Albert Nigro
1222 McJhe*

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.....
Ronald C. Passantino

Licensed Embalmer No. *455*

P. O. Address... *Kc, 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.