

FILED JAN 10 1956

STANDARD CERTIFICATE OF DEATH

State File No. 2313

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 5947		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived; If institution; residence before admission). a. STATE Mo b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROSATI		c. LENGTH OF STAY (In this place) 54 yrs.		c. CITY OR TOWN ROSATI		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) Amelia		b. (Middle) PIAZZA		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) JAN. 3 - 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 14, 1867	
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months 6 Days 20		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) STAY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Angelo Perzo		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Antonio Piazza			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe A. Piazza - Rosati, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure ANTECEDENT CAUSES - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) degenerative heart dis. DUE TO (c) arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Serility -				INTERVAL BETWEEN ONSET AND DEATH 1 day 10 yrs 1 1/2	
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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY, (Month) (Day) (Year) (Hour) (Min.) _____		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 4-6 , 19 46 to Jan 3 , 19 56 , that I last saw the deceased alive on Jan 3 , 19 56 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. J. Stricker M.D. (Degree or title)				23b. ADDRESS St. James, Mo		23c. DATE SIGNED 1-5-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 5, 1956		24c. NAME OF CEMETERY OR CREMATORY ROSATI CEMETERY		24d. LOCATION (City, town, or county) (State) ROSATI, MO.	
DATE REC'D BY LOCAL REG. 1-7-1956		REGISTRAR'S SIGNATURE Ruth B. Powell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Orol E. Liebliden - St. James, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 300

Date Filed JAN 9 1956

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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 me Student Embalmer No. working under my personal supervision...

Student.....
Signature of Student Embalmer

Signed Oral E. Lickliter

Licensed Embalmer No. 354

P. O. Address St. James

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.