

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029462  
STATE FILE NUMBER

FILED AUG 29 1958 Registration District No. 160 Primary Registration District No. 3079 Registrar's No. 124

501  
30d  
1-57

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CRYSTAL CITY</b>		c. CITY OR TOWN <b>CRYSTAL CITY</b> 05010	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>219 Olive St.</b>		d. STREET ADDRESS (If outside, give location) <b>219 OLIVE</b>	
Length of stay in lb <b>49 YEARS</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>ANTONINO</b> Middle Last <b>CRIMI</b>			4. DATE OF DEATH Month <b>AUG.</b> Day <b>14</b> Year <b>1958</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 12, 1885</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BARBER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>OWN SHOP</b>	11. BIRTHPLACE (City and state or country) <b>Messina ITALY</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>MARIO CRIMI</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>ANGELINE</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>MRS. ANGELINE CRIMI CRYSTAL CITY, MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8/14/58</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>arterio sclerotic heart disease</u>	<u>5 yrs</u>
	DUE TO (c) <u>athero sclerosis</u>	<u>5 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at <u>June 20. 58, Aug 13-58</u> and last saw her/him alive on <u>8/13/58</u> <u>5:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>[Signature]</u>	22b. ADDRESS <u>4952 Maryland</u>	22c. DATE SIGNED <u>8/15/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>8-15-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CATHOLIC</b>	23d. LOCATION (City, town, or county) (State) <b>CRYSTAL CITY, MO.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>GENTRY R. POLITTE CRYSTAL CITY,</b>	25. DATE RECD. BY LOCAL REG. <b>8-16-58</b>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

8961 6 2 50A

JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

DATE RECEIVED

AUG 27 1958

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 *Henry R. Pate*

Licensed Embalmer No. *3481*  
P. O. Address *Cornwall*

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.