No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000873
State File No.

FILED FEB 4 1959

BIRTH NO. ____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4183 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pacific
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home, Pacific Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Franklin
c. CITY OR TOWN: Pacific 0360 0
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Maria
b. (Middle): ✓
c. (Last): Brocato

4. DATE OF DEATH (Month) (Day) (Year): Jan 20. 1959

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2
8. DATE OF BIRTH: June 14, 1876
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Cefalu Sicily ?
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Frank D'Agostino
13b. MOTHER'S MAIDEN NAME: Mary Ann (not known)
14. NAME OF HUSBAND OR WIFE: Jos. Brocato (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Roger Brocato
ADDRESS: Pacific Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic hypertension. — 2
DUE TO (c): heart Disease.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes mellitus — 2

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4 200
20. AUTOPSY? YES [ ] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12/28, 1954, *to* 1-20, 1959, *that I last saw the deceased alive on* 1-23, 1959, *and that death occurred at* 3:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] MD
(Degree or title):
23b. ADDRESS: Pacific Mo.
23c. DATE SIGNED: 1-21-59.

24a. BURIAL, CREMATION, REMOVAL (Specify):
24b. DATE: Jan 23 '59
24c. NAME OF CEMETERY OR CREMATORY: St. Bridgets
24d. LOCATION (City, town, or county): Pacific
(State): Mo.

DATE REC'D BY LOCAL REG.: Feb. 1-59
REGISTRAR'S SIGNATURE: Mary [illegible]
Jan. 22 1959.
25. FUNERAL DIRECTOR'S SIGNATURE: Mrs. John L. Thiebes
ADDRESS: Pacific Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Ernst L. Oltmann.....

Licensed Embalmer No....405

P. O. Address..Union, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.