

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040670

FILED VS DEC 15 1959

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 179

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MINERAL TWSP.		Length of stay in 1b 22 Mo's	c. CITY OR TOWN JOPLIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ELMHURST CONVALESCENT HOME		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) AMERICAN HOTEL, 722 MAIN STREET
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First CHARLES Middle J. Last CIGNETTI			4. DATE OF DEATH Month DECEMBER Day 9 Year 1959	
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5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-17-1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) VIC-PRES.	10b. KIND OF BUSINESS OR INDUSTRY S.W. MO. LIQUOR CO.	11. BIRTHPLACE (City and state or country) EVREA, ITALY	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME PETE CIGNETTI	13b. MOTHER'S MAIDEN NAME JOSEPHINE ---	14. NAME OF HUSBAND OR WIFE
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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) NO	16. SOCIAL SECURITY NO. UNK	17. INFORMANT ERNEST CIGNETTI, CONNOR HOTEL, MO.	Address JOPLIN,
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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) Cerebral arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 27 YRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 _____ a.m. _____ p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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 **3-2-58** to **12-9-59** and last saw ^{him} alive on **11-5-59**
Death occurred at **1:15 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Dr. Anderson</i> (Degree or title)	22b. ADDRESS <i>Webb City Mo</i>	22c. DATE SIGNED 12-11-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12-12-59	23c. NAME OF CEMETERY OR CREMATORY MULBERRY CEMETERY,	23d. LOCATION (City, town, or county) MULBERRY, KANSAS	(State)
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24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-12-1959	26. REGISTRAR'S SIGNATURE <i>Ms. Madeline Switzer</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 6 196

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.