URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 1960

-60-035355
STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3030 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington
Length of stay in 1b 50 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1602 Bloom
Inside Limits Yes ☐ No ☐ X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Lexington
Inside Limits Yes ☒
d. STREET ADDRESS (If outside, give location) 1602 Bloom
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HERMAN Middle Last BERETTA
4. DATE OF DEATH Month September Day 19 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH September 11 1875
9. AGE (last birthday) 85
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Mining & Cafe operator
10b. KIND OF BUSINESS OR INDUSTRY Own Restaurant
11. BIRTHPLACE (City and state or country) Brusnengo, Italy
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Beretta
13b. MOTHER'S MAIDEN NAME Jovanna ?
14. NAME OF HUSBAND OR WIFE Secondina Gilardi

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 Robert J. Beretta Address Lexington, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary thrombosis, acute	Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	1st attack about 3 years previously	3 yrs.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1958, to 9/19/60 and last saw ~~he~~ him alive on 9/19/60
Death occurred at 10:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ben H Brasher (Degree or title) M.D.
22b. ADDRESS Lexington, Mo
22c. DATE SIGNED 9/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/23/60
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.
23d. LOCATION (City, town, or county) (State) Lexington, Mo

24. FUNERAL DIRECTOR Vaughn-Walker ADDRESS Lexington, Mo
25. DATE RECD. BY LOCAL REG. 9-23-60
26. REGISTRAR'S SIGNATURE Maurice E Eastabrook

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

ENDED

OCT 4 1960

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_____ Signed Harold L. Walke

Signature of Student Embalmer

Licensed Embalmer No. 45 8

P. O. Address Lexington

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