

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018159

STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5653 Registrar's No. 36

AMENDED

FILED MAY 31 1961

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ill. b. COUNTY Cook									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hobart Township		Length of stay in 1b		c. CITY OR TOWN Oak Park, Ill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 mile West Mt. Vernon			Inside Limits No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1026 Wash. Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Adeline Middle Tommaso Last				4. DATE OF DEATH Month 5 Day 24 Year 1961									
5. SEX F		6. COLOR OR RACE Wh		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-14-1898		9. AGE (last birthday) 63		IF UNDER 1 YEAR Months 3 Days 8		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) New York, N.Y.			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Anthony Pastor				13b. MOTHER'S MAIDEN NAME Josephine Gaudagno				14. NAME OF HUSBAND OR WIFE Domenico Tommaso					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown				16. SOCIAL SECURITY NO.		17. INFORMANT Address Domenico Tommaso Oak Park, ILL							
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) Broken neck													
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Car accident													
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					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Killed instantly in a two car accident									
20c. TIME OF INJURY 9:05 a.m.		Month, Day, Year 5-24-1961		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway No. 166		20f. CITY, TOWN, OR LOCATION 7 mile West Mt Vernon Lawrence		COUNTY Lawrence		STATE Ill	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Edwin Wilton Comer (Degree or title)						22b. ADDRESS Pierce City, Mo.			22c. DATE SIGNED 5-24-61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5-26-61		23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery			23d. LOCATION (City, town, or county) River Grove Ill.			(State)			
24. FUNERAL DIRECTOR H.L. Fournet					ADDRESS 1026 Wash. Blvd. Mt Vernon Mo			25. DATE RECD. OF LOCAL REG. 5-26-61		26. REGISTRAR'S SIGNATURE H.L. Fournet			

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

NOV 10 1961

JUN 13 1961

JUL 19 1961

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 HRF Lonscott

Licensed Embalmer No. 2201

P. O. Address Mt Vernon 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.