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# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005679

STATE FILE NUMBER

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 696

FILED FEB 18 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 6008
2 0910 1
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4 0
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12 91-0
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| | | | |

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 4 Months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 5443 N. Virginia — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: John Middle: Last: Anesi
4. DATE OF DEATH: Month: February Day: 1 Year: 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-9-1883
9. AGE (last birthday): 79 Yrs — 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): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Coal Miner
11. BIRTHPLACE (City and state or country): Italy
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Emmanual Anesi
13b. MOTHER'S MAIDEN NAME: Katherine Anesi
14. NAME OF HUSBAND OR WIFE: Albina Lunelli Anesi
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of
16. SOCIAL SECURITY NO.: 3
17. INFORMANT: Albina L. Anesi Address: Novinger, Missouri

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Viral Influenza c Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4-5 days
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): Recent Stroke & Generalized Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 1962, to 1963 and last saw her/him alive on 1-31-63
Death occurred at m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Bernard L. Mullins (Degree or title) M.D.
22b. ADDRESS: 1806 Swift St. Kc Mo
22c. DATE SIGNED: 2-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-2-63
23c. NAME OF CEMETERY OR CREMATORY: Novinger
23d. LOCATION (City, town, or county) (State): Novinger, Missouri

24. FUNERAL DIRECTOR ADDRESS: Stine & McClure Kansas City, Missouri
25. DATE RECD. BY LOCAL REG.: 2-2-63
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

30.

Bernard L. Mullins
1806 Swift
Sn 1-2414

**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 Tracy McCurdy

Licensed Embalmer No. 5125

P. O. Address Kansas City, 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.