

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021985

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5379** STATE FILE NUMBER

FILED MAY 27 1963

VS 300
Rev. 4/59

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DATE AMENDED
6/7/63
6/7/63
6/7/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

2 yrs
Acute myocardial infarction

4 yrs
Acute myocardial infarction

3 yrs.
Coronary artery disease

Miriana
Miriana

BY AFFIDAVIT OF attending physician & informant

MEDICAL CERTIFICATION DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		a. STATE Illinois b. COUNTY Williamson	
c. FULL NAME OF HOSPITAL, OR LOCATION OF INSTITUTION BARNES HOSPITAL		c. CITY OR TOWN Herrin	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 612 South 12th	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last DAN A. MIRIANI		Month Day Year May 17 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/9/1907
9. AGE (last birthday) 56		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Meat Packing Co.	11. BIRTHPLACE (City and state or country) Murphyboro Ill.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Charles Miriani	
13b. MOTHER'S MAIDEN NAME Antonia Bottini		14. NAME OF HUSBAND OR WIFE Miriana Theresa Miriana	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv.) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Theresa Miriana		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Acute myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH WAS -4 hours	
DUE TO (b) Coronary artery disease		3 yrs.	
DUE TO (c) Rheumatic heart disease		Many years	
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 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
21. I attended the deceased from 1/6/61 to 5/17/63 and last saw him alive on 5/17/63		Death occurred at 6:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>C. D. Vermillion, M.D.</i>		22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 5/18/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/21/1963	23c. NAME OF CEMETERY OR CREMATORY St. Carlos	23d. LOCATION (City, town, or county) (State) Herrin, Illinois
24. FUNERAL DIRECTOR Johnson Funeral Home		25. DATE RECD. BY LOCAL REG. MAY 20 1963	26. REGISTRAR'S SIGNATURE <i>Head Smith, M.D.</i>

USE BLACK INK OR TYPEWRITER RIBBON

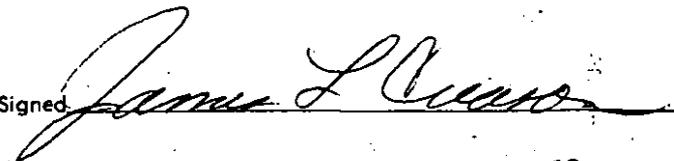
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STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 5168

P. O. Address Millstadt, Ill

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.