

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8092

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>2302</u>				
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give town or TOWN <u>Springfield</u>)		c. LENGTH OF STAY (in this place) <u>1 hour</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bolivar #84, Mexico</u>		d. STREET ADDRESS (If rural, give location) <u>San Luis</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baptist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>San Luis</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jose DeJesus</u>			b. (Middle) <u>Ariztegui</u>		c. (Last) <u>Reyes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 3 1949</u>			
5. SEX <u>Male</u>		6. COLOR/OR RACE <u>Mexican</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Sept. 5, 1926</u>		9. AGE (In years last birthday) <u>22</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Mexico</u>			12. CITIZEN OF WHAT COUNTRY? <u>Mexico</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vicente R Tapia, Chicago, Illinois</u>				ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractures, compound, multiple, skull</u> <u>(b) fracture, simple radius & ulna, right left</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture, simple radius & ulna related.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>about shop</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Mo.</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 3 1949 10:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Apparently jumped off building</u>						
22. I hereby certify that I attended the deceased from <u>April 3, 1949</u> , to <u>April 3, 1949</u> , that I last saw the deceased alive on <u>April 3, 1949</u> , and that death occurred at <u>11:55 AM</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>R. Wendell Stewart M.D.</u>				23b. ADDRESS <u>203 Professional Bldg. Springfield Mo.</u>		23c. DATE SIGNED <u>4 April 49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>4/7/49</u>		REGISTRAR'S SIGNATURE <u>W.E. Stanley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Lohmeyer</u>		ADDRESS <u>Funeral Home, Springfield, Mo.</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 31 1951

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.

Signed Lee Mason

Signed.....
Student Embalmer

Licensed Embalmer No. 4568

P. O. Address Springfield, Ma

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 this body is not embalmed, fact should be so stated above.