

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 28 1949

State File No. ....

BIRTH NO. .... REG. DIST. NO. <sup>237</sup> ~~237~~ PRIMARY REG. DIST. NO. <sup>5820</sup> Registrar's No. <sup>4</sup>

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Piedros Negras Mexico</b> b. COUNTY <b>72</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Anderson</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Anderson</b>	
c. LENGTH OF STAY (in this place) <b>3 Months</b>		d. STREET ADDRESS (If rural, give location) <b>2 Miles South East Clarkton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 Miles South East Clarkton</b>		e. STREET ADDRESS (If rural, give location) <b>2 Miles Southeast Clarkton</b>	

3. NAME OF DECEASED (Type or Print) <b>Saturnino</b>	a. (First)	b. (Middle)	c. (Last) <b>Mendoza</b>	4. DATE OF DEATH <b>3-31-1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Mexican</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>November 29 1910</b>	9. AGE (In years last birthday) <b>38</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS/OR INDUSTRY <b>Laborer</b>	11. BIRTHPLACE (State or foreign country) <b>Mexico</b>	12. CITIZEN OF WHAT COUNTRY? <b>Mexico</b>
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13a. FATHER'S NAME <b>Julian Mendoza</b>	13b. MOTHER'S MAIDEN NAME <b>Lopez Incornation</b>	14. NAME OF HUSBAND OR WIFE <b>Maria R. Mendoza</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>460-18-5593</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Maria R. Mendoza</b>	ADDRESS <b>Clarkton, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 1/2 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Damage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>High Blood Pressure</b> DUE TO (c) <b>-</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>3 3/4</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-30**, 19**49**, to **3-31**, 19**49**, that I last saw the deceased alive on **3-31**, 19**49**, and that death occurred at **1:30** a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>S. C. Clarkton, D.O.</b>	(Degree or title)	23b. ADDRESS <b>Malden, Mo</b>	23c. DATE SIGNED <b>3-31-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>4-2-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>STANFIELD</b>	24d. LOCATION (City, town, or county) (State) <b>CLARKTON MO.</b>
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DATE REC'D BY LOCAL REG. <b>4-19-49</b>	REGISTRAR'S SIGNATURE <b>Mr. Byron Sharp</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>DAY FUNERAL HOME</b>	ADDRESS <b>MALDEN, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No.

District File Number 449. 5

Date Filed 4-23-

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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.

Signed.....  
Student Embalmer

Signed J. J. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden, 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 this body is not embalmed, fact should be so stated above.