

FILED SEP 28 1949

STANDARD CERTIFICATE OF DEATH

29949

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5466</u>		State File No. _____		Registrar's No. <u>837</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Colorado</u> b. COUNTY <u>Las Animas</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>S. Campbell Twp. RURAL</u>				c. LENGTH OF STAY (In this place) OR TOWN <u>1yr, 2mos, 21days</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trinidad</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Medical Center for Fed. Prisoners</u>				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) <u>Gregory</u>				a. (First) _____ b. (Middle) _____ c. (Last) <u>ABEYTA #6745-H</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September, 17, 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Mexican</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>August 11, 1916</u>		9. AGE (In years last birthday) <u>33</u>	
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>unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Mora County, New Mexico</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Joe E. Abeyta</u>				13b. MOTHER'S MAIDEN NAME <u>Cleofes Abeyta</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>FILE - MCFP, Springfield, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis, far advanced.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. INTERVAL BETWEEN ONSET AND DEATH <u>2yrs, 4mos.</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that <u>the medical staff</u> attended the deceased from <u>June 26, 1948</u> , to <u>Sept. 17, 1949</u> , that <u>they</u> last saw the deceased alive on <u>Sept. 17, 1949</u> , and that death occurred at <u>2:09 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E. C. Rinck</u> (Degree or title) _____				23b. ADDRESS <u>Medical Center for Fed. Prisoners, Springfield, Missouri</u>				23c. DATE SIGNED <u>9-17-49</u>	
24a. REMOVAL (Specify) _____		24b. DATE <u>Sept 19 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trinidad, Colorado</u>		24d. LOCATION (City, town, or county) (State) <u>Trinidad, Colorado</u>			
DATE REC'D BY LOCAL REG. <u>9-21-49</u>		REGISTRAR'S SIGNATURE <u>W. E. H. [Signature]</u>		DIRECTOR'S SIGNATURE <u>Fred C. Phisane</u>		ADDRESS <u>Springfield, Mo.</u>			

(Issued Employer's Statement on Reverse Side)

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

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 _____

Ralph H. Thieme

Signed _____
Student Embalmer

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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.