

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36479

State File No. _____

BIRTH NO. 3103-49 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 429

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri , b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kewanee,	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Steve	b. (Middle) Salcido	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Nov 15 1949
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5. SEX male	6. COLOR OR RACE Spanish	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Jan. 25., 1949	9. AGE (In years last birthday) 9 IF UNDER 1 YEAR Months 19 IF UNDER 12 HRS. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kewanee Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME Adelaido H. Salcido	13b. MOTHER'S MAIDEN NAME Threasa Hernandez	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Adelaido H. Salcido,	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture Skull		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Stoddard Mo 103
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 14. 49. 7 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Subsiding of two Trucks
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE George W. Greer	(Degree or title)	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED 11/17-49
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Nov. 16, 49	24c. NAME OF CEMETERY OR CREMATORY New Madrid, Cem. Mo.	24d. LOCATION (City, town, or county) (State) New Madrid, Mo.
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DATE REC'D BY LOCAL REG. Nov 21, 1949	REGISTRAR'S SIGNATURE Wm. H. Johnson	428	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Service, Dexter, Mo	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 28 REC'D 1149-436
BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

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 Walter Marsh Watkins

Signed.....
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.