

FILED JAN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4353 State File No. 41843

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

BIRTH NO.		REG. DIST. NO. 237		PRIMARY REG. DIST. NO. 5820		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Olive Texas</u> b. COUNTY <u>Jim Wells</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gideon</u>		c. LENGTH OF STAY (in this place) <u>60 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Alice</u>		984 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (Type or Print) a. (First) <u>Juanaquin</u>		b. (Middle) <u>Solis</u>		c. (Last) <u>Tovar</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-30-49</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>8-7-1909</u>	
9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months <u>7</u> Days		IF UNDER 24 HRS. Hours <u>7</u> Min.			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if dead) <u>Community labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Freer Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Juan Tovar</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Tovar</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>us</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jesus Solis Gideon</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Corne Regarded</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				INTERVAL BETWEEN ONSET AND DEATH			
				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.				4211			
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)		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) m.		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 I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>10-30, 1949</u> , and that death occurred at <u>2:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.B. Brown</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Freer Texas</u>		23c. DATE SIGNED <u>Nov 3/49</u>	
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>11-7-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Alice Texas</u>		24d. LOCATION (City, town, or county) (State) <u>Alice Texas</u>	
DATE REC'D BY LOCAL REG. <u>11-22-49</u>		REGISTRAR'S SIGNATURE <u>Mrs Brown</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Lloyd Russell</u> ADDRESS <u>Freer Texas</u>			

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED
RECEIVED JAN 9 1950
District Health Office No. 2,
District File Number 150-29
Date Filed _____

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 _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.