

FILED MAY 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. 13905
Registrar's No. 18

BIRTH NO. 16256.50		REG. DIST. NO. 240		PRIMARY REG. DIST. NO. 5826		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural LaFont Twsp		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural LaFont Twsp		d. STREET ADDRESS (If rural, give location) 4 miles east of Marston	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4 miles east of Marston				d. STREET ADDRESS (If rural, give location) 4 miles east of Marston			
3. NAME OF DECEASED (Type or Print) a. (First) Valentina			b. (Middle)			c. (Last) Hernandez	
4. DATE OF DEATH (Month) (Day) (Year) May 3 1950		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Feb. 28 1950		9. AGE (in years last birthday) 2 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
5. SEX Female		6. COLOR OR RACE Mexican		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Marston, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Juan Hernandez			13b. MOTHER'S MAIDEN NAME Lupe Villarreal			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) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Juan Hernandez Marston, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Taken to Dr. Painter at Paragville INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) One time was told to take to Hospital would sign death certificate DUE TO (c) Cause of Death Unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7955					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) 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 May 3 , 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 4 p m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) L. H. Ponder Coroner				23b. ADDRESS New Madrid, Mo.		23c. DATE SIGNED 5/4/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE May 4 1950		24c. NAME OF CEMETERY OR CREMATORY Mounds		24d. LOCATION (City, town, or county) (State) Lilbourn, MO	
DATE REC'D BY LOCAL REG. May 4 1950		REGISTRAR'S SIGNATURE H. L. Ponder		25. FUNERAL DIRECTOR'S SIGNATURE H. Ponder		ADDRESS Funeral Home Lilbourn, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED MAY 9 1950
District Health Office, No. 2
District File Number 580-98
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 *Not Embalmed*
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.