

FILED FEB 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3489

BIRTH NO. _____		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u> Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. LENGTH OF STAY (In this place) <u>8 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Elk Twsp.</u>		<u>1030</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Delta Comm. Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>4 miles north of Catron, Mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Manuel</u> b. (Middle) _____ c. (Last) <u>Rincones</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Mexican</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 10 1930</u>	9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm labor</u>	11. BIRTHPLACE (State or foreign country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Rincones</u>		13b. MOTHER'S MAIDEN NAME <u>Alena Vascis</u>		14. NAME OF HUSBAND OR WIFE <u>Malena Rincones</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Rincones Lilbourn, Missouri</u>		
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) <u>Pulmonary Embolus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>45 min</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.				
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) (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 I attended the deceased from <u>Jan 5, 1951</u> , to <u>Jan 5, 1951</u> , that I last saw the deceased alive on <u>Jan 5, 1951</u> , and that death occurred at <u>12:45 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wilson J. Brinson, M.D.</u>			23b. ADDRESS <u>217 So. Kingsley Hwy, Sikeston, Mo</u>		23c. DATE SIGNED <u>Jan 25, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 8 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Lilbourn, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb 1-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home-Lilbourn, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 5 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 251-40

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Homer L. Ponder

Signed.....
Student Embalmer

Licensed Embalmer No. 3267

P. O. Address Tilbourn, 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.