

FILED MAR 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5408

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5789 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Wisconsin</u> b. COUNTY <u>Washburn</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neual</u> ST. JAMES		c. LENGTH OF STAY (in this place) <u>6 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>unknown</u> <u>8480</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles South West Vane</u>			d. STREET ADDRESS (If rural, give location) <u>unknown</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIA</u> b. (Middle) <u>REYES</u> c. (Last) <u>MENDOZA</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Mexico</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 25, 1907</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>San Luis Potosi, SLP. MEX.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Saturnino Mendoza</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.	17. INFORMANT'S SIGNATURE OR NAME <u>Paula Mendoza East Prairie Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Atherosclerosis</u> 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>11:30</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. 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) (Minute)	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>Feb 27, 1951</u> , to <u>Feb 27, 1951</u> , that I last saw the deceased alive on <u>D.O.A.</u> , 19 <u> </u> , and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W.B. Stebbins</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>East Prairie Mo</u>		23c. DATE SIGNED <u>March 6/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-6-51</u>	REGISTRAR'S SIGNATURE <u>Gertrude G. Harper</u>	19 <u>51</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Travis Shelby, East Prairie, Mo</u>		

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

MAR 8 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed MAR 12 1951

MAR 14 1951

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 _____

Frazer Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.