

FILED JUL 5-1951

# STANDARD CERTIFICATE OF DEATH

State File No. **19928**

1390

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

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>5466</b>		Registrar's No. <b>555-B</b>			
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Puerto Rico</b> b. COUNTY <b>Ponce</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>S. Campbell Twp., Rural</b>		c. LENGTH OF STAY (In this place) <b>10 Da.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ponce</b>		<b>8520</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Medical Center for Federal Prisoners</b>				d. STREET ADDRESS (If rural, give location) <b>8</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLAUDIO</b>		b. (Middle) <b>CRUZ</b>		c. (Last) <b>ACEVEDO</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 20 1951</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED /</b>		8. DATE OF BIRTH <b>February 14, 1914</b>			
9. AGE (In years last birthday) <b>37</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Painting</b>		11. BIRTHPLACE (State or foreign country) <b>PUERTO RICO</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Painting</b>		11. BIRTHPLACE (State or foreign country) <b>PUERTO RICO</b>		12. CITIZEN OF WHAT COUNTRY? <b>PUERTO RICO</b>			
13a. FATHER'S NAME <b>Felix Acevedo</b>			13b. MOTHER'S MAIDEN NAME <b>Juana Cruz</b>			14. NAME OF HUSBAND OR WIFE <b>Luz Maria Medina</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>File, MCFP, Springfield, Missouri</b>		ADDRESS <b>Missouri</b>			
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Strangulation (Hanging)</b>				DUE TO (b) <b>Undiagnosed psychoses</b>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <b>Syphilis of undiagnosed site</b>				<b>E974X B</b>	
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 (Specify) SUICIDE <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hospital</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>S. Campbell Twp. Greene Missouri</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 20, 1951 6:30 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Hanging</b>					
22. I hereby certify that I attended the deceased from <b>June 10, 1951, to June 20, 1951</b> , that I lost care the deceased <b>June 20, 1951</b> , and that the death occurred at <b>6:30 a.m., from the causes and on the date stated above.</b>									
23a. SIGNATURE <b>E. A. [Signature]</b> CORONER				23b. ADDRESS <b>Greene County Coroner Springfield, Missouri</b>		23c. DATE SIGNED <b>6-22-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-23-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Unknown</b>		24d. LOCATION (City, town, or county) (State) <b>Puerto Rico</b>			
DATE REC'D BY LOCAL REG. <b>6-25-51</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>					

**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.....  
Student Embalmer

Signed.....

Licensed Embalmer No. 14594

P. O. Address Springfield, 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.