

No. 300
10.48

FILED JUL 2-1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21017

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 297 Registrar's No. 99

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Pulaski | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chicago | |
| c. LENGTH OF STAY (In this place) tourist | | 8/20 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | d. STREET ADDRESS (If rural, give location) 1113 Newberry, South | |

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|--|--|--|--|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Nick b. (Middle) _____ c. (Last) Valdez | | | 4. DATE OF DEATH (Month) (Day) (Year) June 23, 1951 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH About 40 | | 9. AGE (In years last birthday) 9 | | IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 6 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) _____ |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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|-------------------------------|--|--------------------------------------|--|---|--|
| 13a. FATHER'S NAME unk | | 13b. MOTHER'S MAIDEN NAME unk | | 14. NAME OF HUSBAND OR WIFE Dolores Valdez | |
|-------------------------------|--|--------------------------------------|--|---|--|

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|--|--|-------------------------------|--|---|--|
| 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. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Ralph Valdez ADDRESS 1113 Newberry, South Chicago, Illinois | |
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| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest ANTECEDENT CAUSES DUE TO (b) Multiple internal injuries DUE TO (c) Multiple facial lacerations II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8/1 2/6 | | | | INTERVAL BETWEEN ONSET AND DEATH immediate | |
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|------------------------------|--|---|--|--|--|
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION 085 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
|------------------------------|--|---|--|--|--|

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|---|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hwy 166 - 10 mi west | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Waynesville Pulaski Missouri | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 23, 1951m | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Car accident | |

22. I hereby certify that I attended the deceased ~~from~~ ^{on} **June 23 1951**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:30p m.**, from the causes and on the date stated above.

| | | | | | |
|--|--|---------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE Billy James Hedges County _____ (Degree or title) Coroner | | 23b. ADDRESS Crocker, Missouri | | 23c. DATE SIGNED 6/25/51 | |
|--|--|---------------------------------------|--|---------------------------------|--|

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|--|--|--------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 6/26/51 | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) Chicago, Illinois | |
|--|--|--------------------------|--|--|--|--|--|

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|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. 6-27-51 | | REGISTRAR'S SIGNATURE Paul Anderson 458 | | FEDERAL DIRECTOR'S SIGNATURE Walter P. Hedges ADDRESS Iberia, Missouri | |
|---|--|--|--|--|--|

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

7-2-51
305-2

RECEIVED 6-27-51
Pulaski County Health Officer
File Number
Date Filed 6-30-51

SEP 18 1951

PUL - 17 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Walter P. Hedger

Signed.....
Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.