

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

No. 300
D. 48

FILED JUL 13 1951

State File No. **21781**
Registrar's No. **100**

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 100			
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Stook					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (in this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chicago		8120			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital				d. STREET ADDRESS (If rural, give location) 1613 South Str.					
3. NAME OF DECEASED (Type or Print) a. (First) Domingo b. (Middle) _____ c. (Last) Ochoa Jr			4. DATE OF DEATH (Month) (Day) (Year) June 23, 1951						
5. SEX male		6. COLOR OR RACE 4 mexican		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH July 12, 1950			
9. AGE (In years last birthday) 11		10. MONTHS 11		11. YEARS 11		12. IF UNDER 18, GIVE Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Domingo Ochoa			13b. MOTHER'S MAIDEN NAME Mary Flores			14. NAME OF HUSBAND OR WIFE None			
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Domingo Ochoa, Chicago, Ill.			ADDRESS	
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) Influenza, bronchial ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malnutrition 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 3 mos 491X	
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) 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 6-10 1951 , to 6-23 , 1951 , that I last saw the deceased alive on 6-23 , 1951 , and that death occurred at 2:27 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) A. M. Weston				23b. ADDRESS Sikeston Mo		23c. DATE SIGNED 6-25-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6-25-51		24c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery		24d. LOCATION (City, town, or county) (State) Sikeston, Missouri			
DATE REC'D BY LOCAL REG. June 25 51		REGISTRAR'S SIGNATURE Mrs. Olla A. Weston		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Taylor Funeral Home, Sikeston, Mo.					

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

RECEIVED JUL 9 1951
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 751-14

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 _____

John R. Sidman
Licensed Embalmer No. 4531
P. O. Address Bikeston

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.