

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **30012**

**FILED OCT 8 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **830**

**1. PLACE OF DEATH**  
a. COUNTY **Greene**  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Springfield**  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION **City Hospital**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
a. STATE **Texas** b. COUNTY **Bexar**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **San Antonio**  
d. STREET ADDRESS **205 Eisenhower San Antonio**

**3. NAME OF DECEASED** (Type or Print)  
a. (First) **RAMIRO** b. (Middle) **\*\*\*** c. (Last) **RODRIGUEZ**

**4. DATE OF DEATH** (Month) (Day) (Year)  
**Sept. 27, 1951**

**5. SEX** **MALE** **6. COLOR OR RACE** **WHITE** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **NEVER MARRIED** **8. DATE OF BIRTH** **9-3-51**

**9. AGE** (In years last birthday) **--- --** IF UNDER 1 YEAR Months **---** Days **24** IF UNDER 4 HRS. Hours **---** Min. **---**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **NONE** **10b. KIND OF BUSINESS OR INDUSTRY** **NONE** **11. BIRTHPLACE** (State or foreign country) **PAYNE OHIO** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

**13a. FATHER'S NAME** **PETE RODRIGUEZ** **13b. MOTHER'S MAIDEN NAME** **MARGALET RODRIGUEZ** **14. NAME OF HUSBAND OR WIFE** **NONE 334 N MAIN**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) **---** **16. SOCIAL SECURITY NO.** **---** **17. INFORMANT'S SIGNATURE OR NAME** **PETE RODRIGUEZ, 334 N. MAIN** **ADDRESS** **SPRINGFIELD, MO**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Bronchial pneumonia bilateral**  
**ANTECEDENT CAUSES**  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
**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  NO

**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)** **Springfield, Missouri**

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) **---** **21e. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?** **---**

**22. I hereby certify that I attended the deceased from** **9-26, 1951, to 9-27, 1951, that I last saw the deceased alive on 9-29, 1951, and that death occurred at 5:10pm., from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title) **M. S. Keister, M.D. U** **23b. ADDRESS** **Springfield, Missouri** **23c. DATE SIGNED** **9/28/51**

**24a. BURIAL, CREMATION, REMOVAL (Specify)** **Burial** **24b. DATE** **9-28-51** **24c. NAME OF CEMETERY OR CREMATORY** **HAZELWOOD** **24d. LOCATION** (City, town, or county) (State) **SPRINGFIELD GREENE MO**

**DATE REC'D BY LOCAL REG.** **10-1-51** **REGISTRAR'S SIGNATURE** **W. E. Naudley** **25. FUNERAL DIRECTOR'S SIGNATURE** **AYRE Goodwin** **ADDRESS** **FUNERAL SERVICE, SPRINGFIELD MO**

(Licensed Embalmer's Statement on Reverse Side)

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

0306

**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 *Julius G. Adams* \_\_\_\_\_

Licensed Embalmer No. *4567* \_\_\_\_\_

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.