

FILED OCT 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32461

043

BIRTH NO. 74341-51 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 149

1. PLACE OF DEATH  
a. COUNTY Audrain  
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Mexico) OR TOWN Mexico  
c. LENGTH OF STAY (In this place) 20 Min.  
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri  
b. COUNTY Audrain  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico  
d. STREET ADDRESS (If rural, give location) N. Wade St.

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3. NAME OF DECEASED (Type or Print)  
a. (First) Baby b. (Middle) De c. (Last) Ornellas  
4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 51  
5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married  
8. DATE OF BIRTH Oct. 5, 1951  
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 20  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None  
10b. KIND OF BUSINESS OR INDUSTRY Npne  
11. BIRTHPLACE (State or foreign country) Mexico, Mo.  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James De Ornellas  
13b. MOTHER'S MAIDEN NAME Jane Bauer  
14. NAME OF HUSBAND OR WIFE

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. James De Ornellas, Mexico, Mo. 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) Miscarriage. 4 1/2 months.  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Do not know.  
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

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION  
20. AUTOPSY? YES  NO

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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  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Oct 5, 1951, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Oct 5, 1951, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE H. A. Barrett, D.O. (Degree or title)  
23b. ADDRESS Mexico Mo.  
23c. DATE SIGNED Oct 6-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
24b. DATE Oct. 6, 51  
24c. NAME OF CEMETERY OR CREMATORY Elmwood  
24d. LOCATION (City, town, or county) (State) Mexico, Mo.

DATE REC'D BY LOCAL REG. Oct 6-1951  
REGISTRAR'S SIGNATURE Blanche Neely  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
E. J. Pugh, Mexico, Mo.

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

Date Received: OCT 13 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 10-57-1824  
Date Filed: OCT 13 1951

STATEMENT BY LICENSED EMBALMER

not

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.....  
Student Embalmer

Signed Earl E. Priddy

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.