

FILED NOV 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38216

2770  
1

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

BIRTH NO. _____		REG. DIST. NO. <u>240</u>		PRIMARY REG. DIST. NO. <u>5227</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>TEXAS</u> b. COUNTY <u>CERRITOS</u>			
b. CITY OR TOWN <u>Lihourm #7</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>UNKNOWN</u>		8610	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>UNKNOWN</u>			
3. NAME OF DECEASED a. (First) <u>ARIESTO</u>			b. (Middle) <u>PERALES</u>			c. (Last) <u>LOPEZ</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 31 1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>MEXICAN</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Sept 3, 1928</u>		9. AGE (In years last birthday) <u>23</u>		if UNDER 1 YEAR Months <u>1</u> Days <u>28</u>		if UNDER 11 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>3 211P TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>MEXICO</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>MARCOS CASTILHO</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give no. or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JEMO HARVESTING SIKES ST 206</u>			
19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Richard S. Ponder</u> (Degree or title) <u>Registrar</u>				23b. ADDRESS <u>New Madrid, Mo</u>		23c. DATE SIGNED <u>Oct 31, 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov-10-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father's</u>		24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 18 19 51</u>		REGISTRAR'S SIGNATURE <u>H. L. Ponder</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard S. Ponder</u>		ADDRESS <u>New Madrid, Mo</u>	

RECEIVED

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DISTRICT HEALTH OFFICE No. 6

File No.....

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 \_\_\_\_\_

*Tommy J. Roberts*

Student Embalmer No. *424*

working under my personal supervision.

*Tommy J. Roberts*  
Student .....  
Student Embalmer

Signed *Leo H. Hargrett*

Licensed Embalmer No. *3823*

P. O. Address *New Madrid, 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.