

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38310

State File No.

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5911 Registrar's No. 127

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| 1. PLACE OF DEATH a. COUNTY <u>Remiscot</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bragg City Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____ 8420 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u> | | d. STREET ADDRESS (If rural, give location) _____ | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Severiano</u> b. (Middle) _____ c. (Last) <u>Ponce</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-15-51</u> | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>MEXICAN</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>1874</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months _____ | IF UNDER 24 HRS. Days _____ | IF UNDER 1 HR. Hours _____ | IF UNDER 15 MIN. Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | 11. BIRTHPLACE (State or foreign country) <u>MEXICO</u> | 12. CITIZEN OF WHAT COUNTRY? <u>MEXICO</u> |
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|--------------------------|---------------------------------|-----------------------------------|
| 13a. FATHER'S NAME _____ | 13b. MOTHER'S MAIDEN NAME _____ | 14. NAME OF HUSBAND OR WIFE _____ |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Miguel S. Velazquez</u> RT# ADDRESS <u>Bragg City, Mo.</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>2 weeks</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal disease</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cystitis</u> DUE TO (c) <u>hypostatic pneumonia 4 days</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>442X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ |
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22. I hereby certify that I attended the deceased from 11-1-1951, to 11-15-1951, that I last saw the deceased alive on 11-14-1951, and that death occurred at 12 P.M., from the causes and on the date stated above.

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|---|--------------------------------|----------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Hauti, Mo.</u> | 23c. DATE SIGNED <u>11-24-51</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>11-19-51</u> | 24c. CEMETERY OR CREMATORY <u>Woodland Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Hauti, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>11-28-51</u> | REGISTRAR'S SIGNATURE <u>John W. German</u> 406 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Valhalla Funeral Home</u> ADDRESS <u>Hauti, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

780
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Dr. A. S. Shroy
FILED NOV 30 1951

11-51-297

Rec. NOV 29 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 Raymond L. Ruffie

Licensed Embalmer No. 4798

Signed.....
Student Embalmer

P. O. Address Hayti, 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.