

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

12606

FILED APR 21 1952

State File No. _____

5466

3297A

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>3297A</u>	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mexico b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural S. Campbell Twp.		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tampico, Tamps		8610	
d. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners				d. STREET ADDRESS (If rural, give location) Unknown			
3. NAME OF DECEASED (Type or Print) a. (First) Rosalio b. (Middle) Flores c. (Last) Dominguez			4. DATE OF DEATH (Month) (Day) (Year) April 7, 1952				
5. SEX 4 Male	6. COLOR OR RACE Mexican	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 24, 1924		9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (State or foreign country) Mexico		12. CITIZEN OF WHAT COUNTRY? Mexico	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Maria Martinez			
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 ADDRESS File: MCFP, Springfield, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Edema ANTECEDENT CAUSES 1. Contusion of the brain. 2. Epidural hematoma DUE TO (b) _____ DUE TO (c) Fracture of the skull II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 139					INTERVAL BETWEEN ONSET AND DEATH E9037 20 9 hours
19a. DATE OF OPERATION 4-7-52		19b. MAJOR FINDINGS OF OPERATION Pulmonary congestion & edema. Laceration of left middle meningeal artery. Brain hemorrhage & edema.					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) None Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) S. Campbell Twp. Greene Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 7, 1952: 9:30 am		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Accidental fall (same level)			
22. I hereby certify that I attended the deceased from the Medical Staff April 4, 1952, to April 7, 1952 , that I last saw the deceased alive on April 7, 1952 , and that death occurred at 6:50 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE E. C. Binck (Degree or title) E. C. Binck, M.D., Clinical Director				23b. ADDRESS U.S. Medical Center Springfield, Missouri		23c. DATE SIGNED 4-11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 11, 1952	24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) San Benito, Texas		
DATE REC'D BY LOCAL REG. 4-14-52		REGISTRAR'S SIGNATURE James R. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hyre-Coadwin Inc. Springfield, Mo			

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

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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.....
Student Embalmer

Signed.....

Licensed Embalmer No. 4594

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.