

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4908

State File No.

FILED FEB 24 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> 0117 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>318 W. Missouri</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecilia</u> b. (Middle) <u>Magana (Lopez)</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>2/7/53</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Mex.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Unknown - 1874</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico</u> <u>3</u>		12. CITIZEN OF WHAT COUNTRY? <u>Mexico</u>

13a. FATHER'S NAME <u>Roman Magana</u>		13b. MOTHER'S MAIDEN NAME <u>Leona Rodriguez</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Lopez (Dec.)</u>	
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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anthony Magana St. Joseph</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 Mo. -</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>medullary Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Cerebral Vascular accident</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Inanition + Debilitation</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>33.1 X</u>		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)		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 Jan 25, 1953, to Feb 7, 1953, that I last saw the deceased alive on Feb 7, 1953, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lambert H. Pearson D.O.</u>		23b. ADDRESS <u>303 Illinois St. Joseph</u>		23c. DATE SIGNED <u>2/9/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 9/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Feb 17, 1953</u>		REGISTRAR'S SIGNATURE <u>Carl C. Case</u> <u>446</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Barry St Joseph Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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

Victor Barry

Licensed Embalmer No. *4212*

P. O. Address *St Joseph 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.