S. No. 300
V. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 4 - 1953

State File No. 41803

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 184

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
c. LENGTH OF STAY (in this place): 12 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo. Delta Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mississippi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East Prairie 0671 1
d. STREET ADDRESS (If rural, give location): Gen. Del.

3. NAME OF DECEASED (Type or Print)
a. (First): Marie
b. (Middle): M.
c. (Last): Castellones

4. DATE OF DEATH (Month) (Day) (Year): 11 25 1953

5. SEX: Female 1

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: 7-4-1894

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Mexico 3

12. CITIZEN OF WHAT COUNTRY?: Mexico

13a. FATHER'S NAME: Felesforo Warques

13b. MOTHER'S MAIDEN NAME: Consyasion Menlojo

14. NAME OF HUSBAND OR WIFE: Natividad Castellones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): -----

16. SOCIAL SECURITY NO.: -----

17. INFORMANT'S SIGNATURE OR NAME: Natividad Castellones
ADDRESS: E. Prairie

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 13 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Essential Hypertension
DUE TO (c)

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: 331 X

20. AUTOPSY? YES ☐ NO ☒

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) Catron (COUNTY) New Madrid (STATE) Mo.

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* Nov 12, 1953, *to* Nov 25, 1953, *that I last saw the deceased alive on* Nov 25, 1953, *and that death occurred at* 8:40 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Andrew B. Smith M.D. (Degree or title)

23b. ADDRESS: Sikeston Mo.

23c. DATE SIGNED: 26 Nov 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11-26-53

24c. NAME OF CEMETERY OR CREMATORY: Morenda Park

24d. LOCATION (City, town, or county) (State): New Madrid Co. Mo

DATE REC'D BY LOCAL REG.: 12-3-53

REGISTRAR'S SIGNATURE: Mrs Ella Hunter 429

25. FUNERAL DIRECTOR'S SIGNATURE: Welch Funeral Home
ADDRESS: Sikeston Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 7 1958

APR 5 1955

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 Crews

Signed — Student Embalmer

Licensed Embalmer No. 3467

P. O. Address Fulton 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.