

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11167

State File No. _____
Registrar's No. 256

FILED APR 21 1955

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>Hays</u>	
b. CITY OR TOWN <u>Ash Hill twp</u>		c. CITY OR TOWN <u>San Marcos</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>408 Armstrong Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOEL</u>	b. (Middle) <u>----</u>	c. (Last) <u>LOPEZ</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 3, 1955</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>married</u>	8. DATE OF BIRTH <u>Dec 2, 1933</u>	9. AGE (In years last birthday) <u>21</u>	10 UNDER 1 YEAR Months	10 UNDER 1 YEAR Days	10 UNDER 1 YEAR Hours	10 UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Benito Lopez</u>	13b. MOTHER'S MAIDEN NAME <u>Narciza Silva</u>	14. NAME OF HUSBAND OR WIFE <u>Josephena De Leon Lopez</u>
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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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Benito Lopez</u>	ADDRESS <u>San Marcos, Texas</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple fractures</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>head on collision with an</u>	
DUE TO (c) <u>automobile into a bridge</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>abutment</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E8234</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Poplar Bluff Twp.</u> (COUNTY) <u>Butler</u> (STATE) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 3-1955 5:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>automobile ran into a bridge abutment</u>
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22. I hereby certify that I attended the deceased from April 3, 1955, to April 3, 1955, that I last saw the deceased alive on April 3, 1955, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Traver Wheeler coroner</u>	23b. ADDRESS <u>Poplar Bluff, Mo</u>	23c. DATE SIGNED <u>April 9-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>San Juan #2</u>	24d. LOCATION (City, town, or county) (State) <u>Prairie Lee, Texas</u>
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DATE REC'D BY LOCAL REG. <u>4/11/55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>FRANK-COTRELL</u>	ADDRESS <u>Poplar Bluff, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6120
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Copy ready
5-11-55

RECEIVED
APR 18 1955
BUTLER CO. HEALTH CENTER

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 _____

.....
working under my personal supervision.

Student
Student Embalmer

Signed Charles W. Green
Student Embalmer No. _____

Licensed Embalmer No. 2968

P. O. Address 1212a Bluff Mt

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.