

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11169

FILED APR 21 1955

State File No. _____
Registrar's No. 257

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 5135

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

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Texas</u> b. COUNTY <u>Hays</u>	
b. CITY OR TOWN <u>Ash Hill Twp.</u> c. LENGTH OF STAY (in this place)		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>Josefina</u> b. (Middle) <u>D.</u> c. (Last) <u>Lopez</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 3, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Mexican</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-18-34</u>
9. AGE (In years last birthday) <u>20</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Texas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Feline De Leon</u>		13b. MOTHER'S MAIDEN NAME <u>Felina Mendoza</u>	
14. NAME OF HUSBAND OR WIFE <u>Joel Lopez</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 <u>Benito Lopez</u> ADDRESS <u>San Marcos, Texas</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused 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 of an automobile with a Bridge abutment</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>FR234 31</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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>Ash Hill Twp.</u> (COUNTY) <u>Butler</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY <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 Bridge abutment</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Garver W. Greer</u> (Name or title)		23b. ADDRESS <u>Poplar Bluff, Mo</u>	
23c. DATE SIGNED <u>April 9-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Apr 8, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>San Juan #2</u>		24d. LOCATION (City, town, or county) (State) <u>Prairie Lee, Texas</u>	
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>			

RECEIVED

APR 18 1956
BUTLER CO. HEALTH CENTER

FILE No. _____

APR 21 1956

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 _____

Licensed Embalmer No. 2964

P. O. Address Butler Bluff, 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.