

FILED AUG 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25317

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 904

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>				
b. CITY OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>2 hr</b>	c. CITY OR TOWN <b>Faucett</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sister's Hospital (St. Joseph's)</b>			e. STREET ADDRESS (If rural, give location) <b>2839</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lenora / Anna</b> b. (Middle) <b>Ampereno</b> c. (Last) <b>Ampereno</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 15, 1955</b>				
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>July 1, 1906</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mexico</b>		12. CITIZEN OF WHAT COUNTRY? <b>Mexico</b>		
13a. FATHER'S NAME <b>Bernardino Solorreno</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Antonio Ampereno</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>not given</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Antonio Ampereno</b>				ADDRESS <b>Faucett, Mo.</b>	
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arterial Hypertension</b>							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X.</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)	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 <b>Aug 15, 1955</b> , to <b>Aug 17, 1955</b> , that I last saw the deceased alive on <b>Aug 17, 1955</b> , and that death occurred at <b>5:20 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>J. J. Minollino</b>			(Degree or title) <b>M.D. P</b>	23b. ADDRESS <b>Doctor Blas, City</b>		23c. DATE SIGNED <b>8-23-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-17-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Faucett Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Faucett, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>Aug 24, 1955</b>	REGISTRAR'S SIGNATURE <b>Cather M. Allison</b>		485	25. FUNERAL DIRECTOR'S SIGNATURE <b>Vaughn-Aufranc</b>		ADDRESS <b>Deerborn, Mo.</b>	

(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.....  
Signature of Student Embalmer

Signed..... *W. R. Vaughn*

Licensed Embalmer No. *402*

P. O. Address *Weston*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.