

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31964

State File No. _____

BIRTH NO. 62034-55 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) Sikeston	c. LENGTH OF STAY (in this place) 3 Days	c. CITY OR TOWN Bessett	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 Mo. Delta Community Hospital		STREET ADDRESS (If rural, give location) _____ 8030 S	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Jaun	c. (Last) Guerrero	4. DATE OF DEATH (Month) 9 (Day) 13 (Year) 1955
-------------------------------------	------------------------	-------------------------	---------------------------	--

5. SEX Male	6. COLOR OR RACE Mexican	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 9-10-1955	9. AGE (In years last birthday) _____ IF UNDER 1 YEAR Months 3 IF UNDER 24 HRS. Days 3 Hours _____ Min. _____
--------------------	---------------------------------	---	-----------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 0	10b. KIND OF BUSINESS OR INDUSTRY 0	11. BIRTHPLACE (City and State or Foreign Country) Sikeston, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	--

13a. FATHER'S NAME Juan Ramirez Guerrero	13b. MOTHER'S MAIDEN NAME Lupe Montaldo	14. NAME OF HUSBAND OR WIFE 0
---	--	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 0 (If yes, give war or dates of service) 0	16. SOCIAL SECURITY NO. 0	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lupe Guerrero, Bessett, Ark. ADDRESS _____
--	----------------------------------	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) probably brain injury		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 7600		
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 _____	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 9-10, 1955 to 9-13, 1955, that I last saw the deceased alive on 9/13, 1955, and that death occurred at 8:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE E. D. Urban (Degree or title) _____	23b. ADDRESS Sikeston, Missouri	23c. DATE SIGNED 9-15-55
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-14-55	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) Bessett, Arkansas
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. 9-20-55	REGISTRAR'S SIGNATURE Mrs. Ella Hunter 429	25. FUNERAL DIRECTOR'S SIGNATURE John R. Guerrero ADDRESS _____
---	--	--

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

DATE RECEIVED SEP 26 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 955-204

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.....

Licensed Embalmer No.....

P. O. Address.....

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.