

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37579**

FILED DEC 7 1955

BIRTH NO. **95065-55** REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **5827** Registrar's No. **38**

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

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>Cameron</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Lewis Twp</b>		c. CITY OR TOWN <b>Brownsville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>13 Da.</b>		e. STREET ADDRESS (If rural, give location) <b>245 Ramireno Lane</b>	
3. NAME OF DECEASED a. (First) <b>Juanita</b> b. (Middle) <b>Gonzales</b> c. (Last) <b>Fuentes</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 16 1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Mexican</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Nov. 4, 1955</b>
9. AGE (In years last birthday) <b>12</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Lilbourn, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Bennito Fuentes</b>		13b. MOTHER'S MAIDEN NAME <b>Adela Gonzales</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Bennito Fuentes</b> ADDRESS <b>Brownsville, Texa</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, Pneumonia</b> <b>Lack of will to live - To cold etc</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b> <b>7635</b>	
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) (Min.)		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>Nov 4</b> 19 <b>55</b> , to <b>Nov 16</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>Nov 15</b> , 19 <b>55</b> , and that death occurred at <b>7:00A</b> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Dr. C.H. Shurtain M.D.</b>		23b. ADDRESS <b>Lilbourn, Mo.</b>	
23c. DATE SIGNED <b>11-16-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>11-16-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mounds Park</b>	
24d. LOCATION (City, town, or county) (State) <b>Lilbourn, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Friends</b> ADDRESS	
DATE REC'D BY LOCAL REG. <b>11-16-55</b>		REGISTRAR'S SIGNATURE <b>H.L. Ponder Deputy</b>	

DATE RECEIVED DEC 2 1955  
NEW MADRID CO. HEALTH CENTER

P. J. S.

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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.