

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15255

BIRTH NO. _____ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 6154 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Nueces	
b. CITY (If outside corporate limits, write RURAL and give township) Richland Twp.		c. CITY OR TOWN Corpus Christi	
d. FULL NAME OF HOSPITAL OR INSTITUTION U. S. Highway #60		e. STREET ADDRESS (If rural, give location) 2621 Wainwright	

3. NAME OF DECEASED a. (First) Roberto (Type or Print)		b. (Middle)		c. (Last) Aranda Jr.		4. DATE OF DEATH (Month) (Day) (Year) April 10, 1956	
5. SEX Male		6. COLOR OR RACE Mexican		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Aug. 18, 1949	
9. AGE (In years) (Month) (Day) (Year) 6 7 22		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Corpus Christi, Texas	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Roberta Aranda		13b. MOTHER'S MAIDEN NAME Amelia Rodriguez		14. NAME OF HUSBAND OR WIFE none	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Roberto Aranda, Corpus Christi, Tex		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull, and other internal injuries		INTERVAL BETWEEN ONSET AND DEATH 2 hours.	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or bridge, etc.) highway #60		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) Richland Twp., Stoddard, Mo.	
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY April 10, 1956 11:30 A.M.		21e. INJURY OCCURRED AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile accident	
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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 **1:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Stan W. Rainey</i> Coroner		23b. ADDRESS Dexter, Missouri		23c. DATE SIGNED 4-10-56	
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24a. BURIAL OR CREMATION (Specify) Removal		24b. DATE 4-16-56		24c. NAME OF CEMETERY OR CREMATORY San Antonio, Texas		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. 4-16-56		REGISTRAR'S SIGNATURE <i>Leis E. Mooney</i>		25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey		ADDRESS Dexter, Mo.	
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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.....
Lucille Rainey

Licensed Embalmer No... 498

P. O. Address... *Deerfield, Ill.*

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.