

STANDARD CERTIFICATE OF DEATH

FILED JUL 3 1956

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **113**

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Texas b. COUNTY Griss	
b. CITY OR TOWN Lebanon	c. LENGTH OF STAY (In this place township) 30 min	c. CITY OR TOWN Pearsall	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 Wallace Memorial		e. STREET ADDRESS (If rural, give location) Unknown	

3. NAME OF DECEASED (Type or Print) Martin Medrano	a. (First) Martin	b. (Middle) Medrano	c. (Last) Medrano	4. DATE OF DEATH (Month) (Day) (Year) June 27 1956
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5. SEX M	6. COLOR OR RACE Mexican	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 22, 1933	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months 10 Days 5	IF UNDER 24 HRS. Hours 5 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick factory employee	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Pearsall Texas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Martin Medrano	13b. MOTHER'S MAIDEN NAME Felipa Flores	14. NAME OF HUSBAND OR WIFE Nicela Medrano
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Nicela Medrano	ADDRESS Pearsall Texas
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spinal Fracture, Basal		INTERVAL BETWEEN ONSET AND DEATH 30 min
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crushed Left Chest DUE TO (c) Comminuted Fracture of Left Hip + Left Thigh		
	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"/>
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21a. ACCIDENT SOURCE PROMOTIVE (Specify) Car accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi Way 66, 9 mi west Lebanon Mo	21c. (CITY, TOWN, OR TOWNSHIP) Lebanon Mo COUNTY Laclede (STATE) Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 27 1956 2p.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car accident
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22. I hereby certify that I attended the deceased from **6-27 1956**, to **6-27 1956**, that I last saw the deceased alive on **6-27 1956**, and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. Summers (Degree or title)	23b. ADDRESS Lebanon Mo	23c. DATE SIGNED 6-28-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/28/56	24c. NAME OF CEMETERY OR CREMATORY Pearsall Texas	24d. LOCATION (City, town, or county) (State) Pearsall Texas
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DATE REC'D BY LOCAL REG. 6-28-1956	REGISTRAR'S SIGNATURE Hella L. May	25. FUNERAL DIRECTOR'S SIGNATURE Holman Funeral Home	ADDRESS Lebanon Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUL 11 1958

AUG 14 1958

AUG 16 1958

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 *Dorsey M. Howe*.....
Licensed Embalmer No. *422*.....

P. O. Address *Lebanon*.....

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.