

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36823

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5905 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY PERMISCOT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE CALIFORNIA b. COUNTY LOS ANGELES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR GODAIR TWP. TOWN		c. CITY OR TOWN COMPTON	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR HIGHWAY 61 INSTITUTION		d. STREET ADDRESS (If outside, give location) 1040	
3. NAME OF DECEASED (Type or print) First FRANK Middle ARAUJO Last III		4. DATE OF DEATH Month OCT : Day 15 , Year 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH FEB. 17, 1957
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		9b. AGE (In years last birthday) Months 7 Days 28 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10b. KIND OF BUSINESS OR INDUSTRY NEW MEXICO	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME FRANK ARAUJO, JR.		14. MOTHER'S MAIDEN NAME LORNA COWDY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT FRANK ARAUJO, SR.		Address COMPTON, CALIF.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Body and Internal Injuries 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2			
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Automobile Accident	
20c. TIME OF INJURY Hour 9 a. m. pm Month 10 , Day 15 , Year 57		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	
20e. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) State Highway 61		20f. CITY, TOWN, OR LOCATION 3 mi S. Potosiville, Permisco, Mo	
21. I attended the deceased from to and last saw her alive on Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) James A. Polun, Coroner	
22b. ADDRESS Waverly, Mo.		22c. DATE SIGNED 10-15-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE OCT. 19, 1957	23c. NAME OF CEMETERY OR CREMATORY RIVERSIDE CEMETERY	23d. LOCATION (City, town, or country) (State) GRACIA, CALIFORNIA
24. FUNERAL DIRECTOR F. J. WILLIS FUNERAL HOME CHINO, CALIF		25. DATE RECD. BY LOCAL REG. 10-25-57	
26. REGISTRAR'S SIGNATURE John W. German			

(Licensed Embalmer's Statement on Reverse Side)

10-310-57

OCT 31 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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. 448

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.