

FILED NOV 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36825

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5905 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY <u>PLUMISCO</u>			2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <u>CALIFORNIA</u> b. COUNTY <u>LOS ANGELES</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GODAIR TWP.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>COPTON</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HIGHWAY 61</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>404 S</u>
3. NAME OF DECEASED (Type or print) First <u>LORNA</u> Middle <u>RACHEL</u> Last <u>ARAUJO</u>			4. DATE OF DEATH Month <u>OCT.</u> Day <u>15</u> Year <u>1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1938</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) <u>CALIFORNIA</u>	
13. FATHER'S NAME <u>UNKNOWN COWDY</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>FRANK ARAUJO, SR. COPTON, CALIF.</u>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Body - Internal Injuries</u>					INTERVAL BETWEEN ONSET AND DEATH
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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Automobile Accident</u>			
20c. TIME OF INJURY Hour <u>9</u> a. m. Month, Day, Year <u>10-15-57</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) <u>State Highway 61</u>		20f. CITY, TOWN, OR LOCATION <u>3 mi S. Postageville, Pemiscot, Mo.</u>	
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) <u>James A. Quinn, Coroner</u>			22b. ADDRESS <u>Wardell, Mo.</u>		22c. DATE SIGNED <u>10-15-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>OCT. 19, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>RIVERSIDE CEMETERY</u>	
				23d. LOCATION (City, town, or county) (State) <u>GARONA, CALIFORNIA</u>	
24. FUNERAL DIRECTOR <u>T. J. MILLIS FUNERAL HOME CHGO, CALIF.</u>			25. DATE RECD. BY LOCAL REG. <u>10-25-57</u>		26. REGISTRAR'S SIGNATURE <u>John W. Gorman</u>

4060

10-313-57

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. 4481

P. O. Address Caruthersville

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.