

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013199

STATE FILE NUMBER

FILED APR 25 1958

Registration District No. 27 Primary Registration District No. 5083 Registrar's No. 64

Health, Welfare, Public Service

300  
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0070  
3  
Hockley

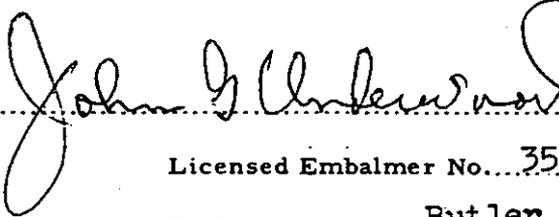
1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Hockley</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <b>Highway #71 Mound Twp</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Sundown</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <b>1 Mi. S. Adrian Mo</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>MARCIAL</b> Middle <b>DOMINQUEZ</b> Last <b>Jr.</b>		4. DATE OF DEATH Month <b>April</b> Day <b>13</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Mexican</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 5 1933</b>
9. AGE (In years last birthday) <b>25</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Trucker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hauling</b>	11. BIRTHPLACE (City and state or country) <b>Texas</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Marcial Dominguez</b>	
14. MOTHER'S MAIDEN NAME <b>Julia Gonzales</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes 9Mar53 to 8Feb 55</b>	
16. SOCIAL SECURITY NO. <b>55</b>		17. INFORMANT Address <b>Copy of Birth Cert.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crushing injuries chest &amp; abdomen</b> DUE TO (b) <b>Immediate</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)			INTERVAL BETWEEN ONSET AND DEATH
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.) <b>Tractor - trailer overturned in ditch.</b>	
20c. TIME OF INJURY Hour <b>4:30</b> a. m. <b>4-13-58</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 71 Leake So.</b>	
20e. CITY, TOWN, OR LOCATION <b>Adrian</b>		20f. COUNTY <b>Bates Mo</b>	
20g. STATE <b>Mo</b>		20h. CITY, TOWN, OR LOCATION <b>Adrian</b>	
20i. COUNTY <b>Bates</b>		20j. STATE <b>Mo</b>	
21. I attended the deceased from <b>4:30 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Douglas Ronald W. Coroner</b>		22b. ADDRESS <b>Butler Missouri</b>	
22c. DATE SIGNED <b>4/13/58</b>		22d. CITY, TOWN, OR LOCATION <b>Butler Missouri</b>	
22e. STATE <b>Missouri</b>		22f. COUNTY <b>Butler</b>	
22g. CITY, TOWN, OR LOCATION <b>Butler Missouri</b>		22h. STATE <b>Missouri</b>	
22i. COUNTY <b>Butler</b>		22j. STATE <b>Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>4-14-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Levelland Texas</b>		23d. LOCATION (City, town, or county) (State) <b>Levelland, Texas</b>	
24. FUNERAL DIRECTOR <b>Culver Underwood-Butler Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>APR 13-58</b>	
26. REGISTRAR'S SIGNATURE <b>Randall Kray</b>		27. CITY, TOWN, OR LOCATION <b>Butler Missouri</b>	
28. COUNTY <b>Butler</b>		29. STATE <b>Missouri</b>	

(Licensed Embalmer's Statement on Reverse Side)

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. 35

P. O. Address Butler

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.