

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028403

STATE FILE NUMBER

FILED AUG 22 1958

Registration District No.

43

Primary Registration District No.

5143

Registrar's No.

499

S. 300

1-57

3

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Texas b. COUNTY Unknown	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Sinton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hwy. 67 South		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Unknown
3. NAME OF DECEASED (Type or print) First Middle Last Rosa Amelia Torres			4. DATE OF DEATH Month Day Year Aug. 7, 1958
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 2, 1938
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Help		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 20
11. BIRTHPLACE (City and state or country) Anahuac Nuevo Leon Mexico		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Jose Angel Frago		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Candlelario Torres
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 Address Personal Papers of hers.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Fractures  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Truck Collision 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 SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Head on Collision with Transport Truck	
20c. TIME OF INJURY Hour Month, Day, Year 7:00 A. 8/7/58			
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, farm, factory, street, office bldg., etc.) Hwy. 60 South Twp.		20f. CITY, TOWN, OR LOCATION COUNTY STATE Poplar Bluff, Butler, Mo.
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 8:00 A. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Coroner Grover W. Greer			22c. DATE SIGNED 8-12-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-9-58	23c. NAME OF CEMETERY OR CREMATORY Sinton Cem.	23d. LOCATION (City, town, or county) (State) Sinton, Texas
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 8/16/58	26. REGISTRAR'S SIGNATURE R. M. Muehle

AUG 25 1958

RECEIVED  
AUG 19 1958

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 Charles E. Minge

Licensed Embalmer No. 4877  
P. O. Address Polk Bluff

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.