

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029747  
STATE FILE NUMBER

|  |  |   |  |   |  |   |   |
|--|--|---|--|---|--|---|---|
| FILED SEP 5 1958   |  | Registration District No. 239   |  | Primary Registration District No. 4356  |  | Registrar's No. 23  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <b>New Madrid</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>               |  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Parma</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>      |  | c. CITY<br>OR<br>TOWN <b>Risco</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                      |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION  |  | Length of stay in 1b  |  | d. STREET<br>ADDRESS  |  | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Benito</b> First <b>Aranda</b> Middle Last  |  |   |  | 4. DATE OF DEATH<br>Month <b>Aug.</b> Day <b>26</b> Year <b>1958</b>  |  |   |   |
| 5. SEX<br><b>M.</b>  |  | 6. COLOR OR RACE<br><b>Mexican</b>  |  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>June 9 1957</b>  |   |
| 9. AGE (In years last birthday)<br><b>1</b>  |  | IF UNDER 1 YEAR<br>Months <b>1</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>             |  | IF UNDER 24 HRS.<br>Hours <b>0</b> Min. <b>0</b>  |  |   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Child</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><b>Abilene Texas</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |   |
| 13. FATHER'S NAME<br><b>Benito G. Aranda</b>   |  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Nettie Charo</b>   |  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown)  |  | 16. SOCIAL SECURITY NO.<br>(If yes, give war or dates of service)                         |  | 17. INFORMANT<br>Address<br><b>Benito Arando Risco Mo.</b>  |  |   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cause Unknown, dead when brought to my office. History of</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Colitis</b><br>DUE TO (c) <b>Possible Colitis</b> <b>5710</b> |  |   |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input 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.)              |   |
| 20c. TIME OF INJURY<br>Hour <b>0</b> a. m. <b>0</b> p. m.  |  | Month, Day, Year  |  |   |  |   |   |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY STATE  |   |
| 21. I attended the deceased from <b>7:30 p.</b> to <b>8:28/58</b> and last saw her alive on <b>8/28/58</b><br>Death occurred at <b>7:30 p.</b> on the date stated above; and to the best of my knowledge, from the causes stated.  |  |   |  |   |  |   |   |
| 22a. SIGNATURE<br><b>D. Geo. W. Hunt</b> (Deputy or title)   |  |   |  | 22b. ADDRESS<br><b>Parma, Mo.</b>   |  | 22c. DATE SIGNED<br><b>8/28/58</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  |  | 23b. DATE<br><b>Aug. 27, 1958</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Dexter Colored</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Dexter Mo.</b>  |   |
| 24. FUNERAL DIRECTOR<br><b>Watkins Funeral Service</b>   |  | ADDRESS<br><b>Parma Mo.</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>8/28/58</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>D. Geo. W. Hunt, M.D.</b>   |   |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. Coroner cannot certify to a death due to natural causes.

DATE RECEIVED SEP 3 1958  
NEW MADRID CO. HEALTH CENTER

*[Signature]*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision.. *Not Embalmed*

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.