

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038552

STATE FILE NUMBER

FILED OCT 24 1958

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 190

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Texas b. COUNTY Begor	
b. CITY (If outside corporate limits, give TOWNSHIP only) Sikeston		c. CITY OR TOWN San Antonio	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp.		d. STREET ADDRESS 2318 Vera Cruz	
Length of stay in lb 1 Day		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RODOLFO Middle L Last BADILLO		4. DATE OF DEATH Month 10 Day 8 Year 1958	
5. SEX Male	6. COLOR OR RACE Mexican	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-1-1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		11. BIRTHPLACE (City and state or country) New Madrid Co., Missouri	
13a. FATHER'S NAME Merce Badillo		13b. MOTHER'S MAIDEN NAME Isabel Espinoza	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Isabel Badillo, Sikeston, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia		INTERVAL BETWEEN ONSET AND DEATH 2-3 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 7685			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Immaturity		19. WAS AUTOPSY PERFORMED? 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 Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <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 Death occurred at 6:43 P. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thomas Chalup, M.D.		22b. ADDRESS Sikeston, Mo.	
22c. DATE SIGNED Oct. 9, 1958			
23a. BURIAL, CREMATION, REBURY (Specify) Burial		23b. DATE 10-9-58	
23c. NAME OF CEMETERY OR CREMATORY Garden of Memories		23d. LOCATION (City, town, or county) (State) Sikeston, Missouri	
24. FUNERAL DIRECTOR Nunnelee Funeral Chapel Sikeston, Mo.		25. DATE RECD. BY LOCAL REG. 10-13-58	
26. REGISTRAR'S SIGNATURE Miss Elva Hunter			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DATE RECEIVED 10-20-58
SCOTT CO. HEALTH DEPT.
CO. FILE No. 1058-241

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

Not Embalmed

Licensed Embalmer No.

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.