

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 BUREAU OF VITAL STATISTICS
 BUREAU OF RECORDS AND COMMUNICATIONS
 BUREAU OF MEDICAL INVESTIGATION
 BUREAU OF CHEMISTRY
 BUREAU OF ANTHROPOLOGY

59-038612

FILED VS OCT 16 1959 333

Primary Registration District No. 3074 Registrar's No. 177

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mich. b. COUNTY Mexico	
b. CITY (if outside corporate limits, give TOWNSHIP only) Sikeston		c. CITY OR TOWN Ocampo Moreli	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community Hosp.		d. STREET ADDRESS (If outside, give location) Calle Capras # 151	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last LEOPOLD O CEDENO VASQUEZ			4. DATE OF DEATH Month Day Year 9 24 1959
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 8-2-1938
9. AGE (last birthday) 21		IF UNDER 1 YEAR Months Days 1 22	IF UNDER 24 HR Hours Min. 1 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer		10b. KIND OF BUSINESS OR INDUSTRY Chucavdeo, Mich. (Mexico)	12. CITIZEN OF WHAT COUNTRY Mexico
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Ma Vazquez	14. NAME OF HUSBAND OR WIFE
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. None	17. INFORMANT Government Labor Contract
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) Cerebral Contusion and laceration			INTERVAL BETWEEN ONSET AND DEATH 2 hrs
DUE TO (b) Cerebral concussion			2 hrs
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.) Fell out of truck on head	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. ..			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 9/24/59 to 9/24/59 and last saw ^{her} him alive on 9/24/59		Death occurred at 6:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Wm. C. Citablow MD		22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 9-25-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-12-59	23c. NAME OF CEMETERY OR CREMATORY Mounds Cem.	23d. LOCATION (City, town, or county) (State) Near Lilbourn, Mo.
24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo.		25. DATE RECD. BY LOCAL REG. 10-10-59	26. REGISTRAR'S SIGNATURE Miss Ella Hunter

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS
OCT 16 1953

OCT 23 1953

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 David J. Ponder

Licensed Embalmer No. 5031

P. O. Address Lilbourn, Mo

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.