

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037834

STATE FILE NUMBER

Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 24

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 26 1961

1. PLACE OF DEATH
 a. COUNTY New Madrid
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Como Length of stay in lb
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION No. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Texas b. COUNTY Wacces
 c. CITY OR TOWN Corpus Christi Inside Limits Yes No
 d. STREET ADDRESS 3117 Priscott (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Ramon R. Willela Oct. 7 1961

5. SEX M 6. COLOR OR RACE Mexican 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12/6/42 9. AGE (last birthday) 19 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor 10b. KIND OF BUSINESS OR INDUSTRY -- -- 11. BIRTHPLACE (City and state or country) Corpus Christi, Texas 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Faustino Villela 13b. MOTHER'S MAIDEN NAME Gadolupe Rodriquez 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. No. 17. INFORMANT Address Texas
Faustino Villela Corpus Christi

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Car was going at a high rate of speed turned over, Crushed Skull
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) On highway D New Madrid, County
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
As above

20c. TIME OF INJURY Hour 5:00 am. p.m. 10/7/61 Month Day Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway D. 20f. CITY, TOWN, OR LOCATION COUNTY STATE
7 Miles W of Parma New Madrid, Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. George W. Hunter 22b. ADDRESS New Madrid, Mo. 22c. DATE SIGNED 10/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 10/9/61 23c. NAME OF CEMETERY OR CREMATORY Santarosa 23d. LOCATION (City, town, or county) (State) Corpus Christi Texas

24. GENERAL DIRECTOR ADDRESS Richard's Funeral Home, Inc. New Madrid, Mo. 25. DATE RECD. BY LOCAL REG. 10/9/61 26. REGISTRAR'S SIGNATURE Dr. George W. Hunter, M.D.

(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 *Leo Higginth*

Licensed Embalmer No. 3803

P. O. Address New Madrid.

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.