SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-041824
STATE FILE NUMBER

AMENDED

Registration District No. 240 Primary Registration District No. 5827 Registrar's No. 27

FILED DEC 6 1961

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lewis Twsp. — Length of stay in 1b: 4years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi.E.of Lilbourn — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Lilbourn — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3 mi. E. of Lilbourn — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Nieves Middle: Last: Lara
4. DATE OF DEATH Month Day Year: November 29 1961
5. SEX: Male
6. COLOR OR RACE: Mexican
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-5-1909
9. AGE (last birthday): 52 — IF UNDER 1 YEAR: Months 3, Days 24 — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Sabinal, Texas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Felix Lara
13b. MOTHER'S MAIDEN NAME: Barcillia Henandez
14. NAME OF HUSBAND OR WIFE: Carlota Lara
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Jessie Lara-Route 1 New Madrid, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) coronary heart disease — 4 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic nephrosis – Cirrhosis of liver
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.)
20c. TIME OF INJURY Hour a.m. p.m. 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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-4-58, to 11-29-61 and last saw her/him alive on 11-29-61
Death occurred at 11:30 P.M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James O. Cameron (Degree or title) M.D.
22b. ADDRESS Lilbourn Mo
22c. DATE SIGNED 11-30-61

23a. BURIAL, CREMATION, / REMOVAL (Specify): Burial
23b. DATE: 12-2-1961
23c. NAME OF CEMETERY OR CREMATORY: Mounds Park
23d. LOCATION (City, town, or county) (State): Near Lilbourn, Mo.

24. FUNERAL DIRECTOR ADDRESS: Ponder Funeral Home-Lilbourn, Mo.
25. DATE RECD. BY LOCAL REG.: 11-30-1961
26. REGISTRAR'S SIGNATURE: Charles Simpson by H.E. Ponder

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. 50 30

P. O. Address _____, 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.