

FILED OCT 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29799

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <u>DeWitt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>DeWitt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN? <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gabler, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnell Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kathleen</u> b. (Middle) <u>Mendola</u> c. (Last) <u>Saldana</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22-1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>American</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 25-1913</u>
9. AGE (In years last birthday) <u>36</u>		UNDER 1 YEAR Months <u>9</u> Days <u>28</u>	OF UNDER 1 YEAR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Detroit, Mich.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Andrew Mandola</u>	
13b. MOTHER'S MAIDEN NAME <u>Marcelita Enriquez</u>		14. NAME OF HUSBAND OR WIFE <u>Raymond Saldana</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Saldana</u>		ADDRESS <u>Gabler, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL FAILURE (Acute)</u> ANTECEDENT CAUSES <u>LABAR PNEUMONIA (Bilateral)</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>490X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>SEPT 21</u> , 19 <u>49</u> , to <u>SEPT 22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>SEPT 22</u> , 19 <u>49</u> , and that death occurred at <u>3:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert S. Green M.D.</u>		23b. ADDRESS <u>303 TEARD RD. KENNETT, MO</u>	
23c. DATE SIGNED <u>SEPT 22 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-30-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Menard</u>		24d. LOCATION (City, town, or county) (State) <u>Menard Texas</u>	
DATE REC'D BY LOCAL REG. <u>Sept 22-1949</u>		REGISTRAR'S SIGNATURE <u>40</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Hunsbarger</u>		ADDRESS <u>Leitch, Kennett, Mo.</u>	

RECEIVED SEP 29 1949

District Health Office No. _____

District File Number 1049-40

Date Filed _____

OCT 13 1949

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.

Signed _____

Signed
Student Embalmer

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 this body is not embalmed, fact should be so stated above.