

L. W. Masters

# STANDARD CERTIFICATE OF DEATH

State File No. 31278

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5901 Registrar's No. 85

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

1. PLACE OF DEATH a. COUNTY <u>Stemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Concord</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Concord</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Casimiro</u> b. (Middle) _____ c. (Last) <u>Olvera</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 9, 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Mexican</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>March 4, 1949</u>	9. AGE (In years last birthday) Months Days <u>6 5</u>	IF UNDER 18 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>San Antonio Texas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charlie Olvera</u>		13b. MOTHER'S MAIDEN NAME <u>Castula Vega</u>		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) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Castula Olvera</u> ADDRESS <u>Netherland, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Colitis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			5710
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 9-7- 1949, to 9-9- 1949, that I last saw the deceased alive on 9-8- 1949, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. W. Masters, D.O.</u> (Degree or title)		23b. ADDRESS <u>Hayti, Mo</u>		23c. DATE SIGNED <u>9-9-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/10/49</u>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. <u>9-15-49</u>		REGISTRAR'S SIGNATURE <u>John H. German</u> ADDRESS <u>406</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>John W. German</u>		ADDRESS <u>Hayti, Mo</u>			

9-49-247

SEP 15 REC'D

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.....  
Student Embalmer

*Not Embalmed*

Signed.....

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.