

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21397**

BIRTH NO. 868205 REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5910 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Remuscat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Remuscat</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Syler, Remuscat Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Syler, Remuscat Twp.</u>	
c. LENGTH OF STAY (If in this place) <u>2 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>0785</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maria</u> b. (Middle) <u>Delac Angla</u> c. (Last) <u>Pedrozo</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-12-52</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Mex</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11-14-1951</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>6 29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Holland Mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13. FATHER'S NAME <u>Cesario Pedroza</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria DeLeon</u>		14. NAME OF HUSBAND OR WIFE	
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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>Cesario Pedroza Syler Mo</u>	
				ADDRESS	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis typhoid - infection</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>poor development</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 5-20, 1952 to 6-12, 1952, that I last saw the deceased alive on 19, and that death occurred at 3:32 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Chapman, M.D.</u> (Degree or title)	23b. ADDRESS <u>Stech, Mo</u>	23c. DATE SIGNED <u>6-25-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6-13-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Stech Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-1-1952</u>	REGISTRAR'S SIGNATURE <u>Fessie B. Wilke</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Benson and Co Stech Mo</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0780
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Dr Chapman
FILED JUL 3 1952

7-52-200

Rec. JUL 1 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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 _____

not Embalmed
working under my personal supervision.

Student Embalmer No.

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.