

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9253

State File No. ....

FILED APR 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4449 Registrar's No. 11-1953

280

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

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Dimit</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Big Wells</u> <u>8420</u>	
c. LENGTH OF STAY (In this place) <u>Remains Through</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>ORTIZ</u> c. (Last) <u>ORTIZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-29-1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 23 1916</u>	9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>COTON TEXAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Tivido Alvarez</u>		13b. MOTHER'S MAIDEN NAME <u>Rita Castro Nicks</u>		14. NAME OF HUSBAND OR WIFE <u>BENIGNO ORTIZ</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rodolfo ORTIZ - Big Wells Texas</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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Secondary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> <u>6 mon</u> <u>4 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Melanotic Carcinoma of Lung</u>		
	DUE TO (c) <u>Primary Carcinoma of Stomach</u>		
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 <u>151X</u>	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)	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 Mar 29, 1953, to Mar 29, 1953, that I last saw the deceased alive on Mar 29, 1953, and that death occurred at 10:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. A. Elders M.D.</u>	23b. ADDRESS <u>Cuba, Mo</u>	23c. DATE SIGNED <u>3/30/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3/30/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>By Motor</u>
24d. LOCATION (City, town, or county) (State) <u>Des Plaines, Mo</u>		

DATE REC'D BY LOCAL REG. <u>3-30-53</u>	REGISTRAR'S SIGNATURE <u>Paul G. Shanklin</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman C. Hoener Cuba, Mo</u>
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SEP 11 1953

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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Norman C. Haener*  
Licensed Embalmer No. *4673*

P. O. Address *Alpa, 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 this body is not embalmed, fact should be so stated above.