

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8322

State File No.

90
2

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

BIRTH NO. FILED MAR 22 1954		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 5466	Registrar's No. 288
1. PLACE OF DEATH a. COUNTY GREBNE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Country of Mexico b. COUNTY 8610		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, S. Campbell Twp.	c. LENGTH OF STAY (In this place) 3yrs. 9days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Juarez, Chihuahua		
d. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners		d. STREET ADDRESS (If rural, give location) Unknown		
3. NAME OF DECEASED (Type or Print) a. (First) Eulalio b. (Middle) c. (Last) Cordero			4. DATE OF DEATH (Month) (Day) (Year) March 15, 1954	
5. SEX Male	6. COLOR OR RACE Mexican	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 9, 1925	9. AGE (In years last birthday) 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common	11. BIRTHPLACE (State or foreign country) Mexico 3	
12. CITIZEN OF WHAT COUNTRY? Mexico		13a. FATHER'S NAME Pedro Cordero		
13b. MOTHER'S MAIDEN NAME Juarez Chualnio		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FILE:M.C.F.P., Springfield, Missouri
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Far advanced Pulmonary Tuberculosis DUE TO (c) Paranoid Schizophrenia, chronic, severe		INTERVAL BETWEEN ONSET AND DEATH 2yr. 10mos. Approx.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 002 X			20. AUTOPSY? YES <input checked="" 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) (Minute)	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 March 6, 19 51 to March 15, 19 54 , that I last saw the deceased alive on March 15, 19 54 , and that death occurred at 9:00p m. , from the causes and on the date stated above.				
23a. SIGNATURE E. C. Binck (Degree or title) 0		23b. ADDRESS Medical Center for Fed. Prisoners, Springfield, Missouri		23c. DATE SIGNED 3-18-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/20/1954	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE REC'D BY LOCAL REG. 3-11-54	REGISTRAR'S SIGNATURE Paula Williamson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Springfield, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 4594

P. O. Address Springfield, 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.