No. 300
10.48

FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31474

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 106

850

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

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville, Mo
c. LENGTH OF STAY (in this place): 4½ hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Waynesville General Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Medina
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Natalia, Texas 8420 8
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): a. (First) Antonia; b. (Middle) None; c. (Last) Torres

4. DATE OF DEATH (Month) (Day) (Year): Oct. 3, 1954

5. SEX: Female 5
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 2, 1902
9. AGE (In years last birthday): 52 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Mexico 3
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Florenza Martinez
13b. MOTHER'S MAIDEN NAME: Lucina Cruz
14. NAME OF HUSBAND OR WIFE: Joe Torres

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 467-36-4582
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Joe Torres Natalia, Texas

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): cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Skull fracture
DUE TO (c): Blow on head - auto accident

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 ☐ NO ☒

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) 08d (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 1:35 P.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Erwin J. Maveal, D.O.
23b. ADDRESS: Waynesville, Missouri
23c. DATE SIGNED: 10-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 5, 1954
24c. NAME OF CEMETERY OR CREMATORY: Lubbock Cemetery
24d. LOCATION (City, town, or county) (State): Lubbock, Texas

DATE REC'D BY LOCAL REG.: 10-5-54
REGISTRAR'S SIGNATURE: Paula Jane Anderson 458
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Hedges Richland Mo — Hedges Funeral Home Crocker, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-5-54
Pulaski County Health Officer
File Number
Date Filed 10-9-54

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 Clarence D Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.