

No. 300
10.48

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

33484

State File No. _____

FILED OCT 22 1954

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 233

0351
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>UNKNOWN</u> b. COUNTY <u>UNKNOWN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNKNOWN</u> <u>0351</u>	
c. LENGTH OF STAY (In this place) <u>1 Week</u>		d. STREET ADDRESS (If rural, give location) <u>UNKNOWN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Jail</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTONIO</u>	b. (Middle)	c. (Last) <u>VALERIO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 30, 1954</u>
--	-------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Mexican</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>UNKNOWN</u>	8. DATE OF BIRTH <u>UNKNOWN</u>	9. AGE (In years last birthday) <u>UNKNOWN</u>	IF UNDER 1 YEAR Months Days	IF UNDER 6 wks. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>New Mexico</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>
-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>525-38-7049</u>	17. INFORMANT'S SIGNATURE OR NAME 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by Strangulation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	ANCECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>E974X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, street, office bldg., etc.) <u>City Jail</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Malden Dunklin Mo.</u>
---	--	---

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Quinto Torres</u>	23b. ADDRESS <u>Kennett, Mo.</u>	23c. DATE SIGNED <u>10-11-54</u>
---	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-6-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>MALDEN MO.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>10-13-54</u>	REGISTRAR'S SIGNATURE <u>J. D. Schuman</u> <u>87-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DAY FUNERAL HOME MALDEN</u>
--	--	---

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 10-21-54

COUNTY FILE NUMBER 1084-27

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 *J. J. Shannon*

Licensed Embalmer No. 4086

P. O. Address *Malden*

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.