

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7428

State File No. _____

FILED APR 15 1955

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived... If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Hayes</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural- Ash Hill Twp.</u>		c. CITY OR TOWNS <u>San Marcos</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mi West of Fisk, on Hy60</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Teodora</u> b. (Middle) _____ c. (Last) <u>Compos</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>3</u> <u>55</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Mex.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>9-15-1933</u>	9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Kingsburg, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Fidencio Compos</u>	13b. MOTHER'S MAIDEN NAME <u>Trinidad Lopez</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Fidencio Compos, San Marcos, Tex.</u>	ADDRESS _____
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple injuries with time</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(over)</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8234</u> <u>31</u>			

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) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Public Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ash Hill Twp. Butler 012 Mo</u>
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? <u>Car ran into bridge</u>

22. I hereby certify that I attended the deceased from Mar 3, 1955, to Mar 3, 1955, that I last saw the deceased alive on Mar 3, 1955, and that death occurred at 7:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thaddeus Oldenrueck</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Poplar Bluff Mo</u>	23c. DATE SIGNED <u>4-4-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-4-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Los Angeles Funeral Home</u>	24d. LOCATION (City, town, or county) (State) <u>San Marcos, Tex.</u>
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DATE REC'D BY LOCAL REG. <u>4/4/55</u>	REGISTRAR'S SIGNATURE <u>Ed Mueller</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.C. White</u>	ADDRESS <u>Fisk, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

20

8420

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RECEIVED
APR 11 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

- 1. Compromised - posture
- 2. Compromised posture
- 3. Compromised posture
- 4. Multiple Swallowing
- 5. Swallowing

Alzheimer's

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 _____
Signature of Student Embalmer

Signed *Raymond L. Duffie*
Licensed Embalmer No. 479
P. O. Address *Bernie, Pa.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.