

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5725

State File No.

BIRTH NO. 42-38-56 REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5927 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lewis Twsp.</u> c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Lilbourn</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles west of Lilbourn</u>		e. STREET ADDRESS (If rural, give location) <u>0720</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> b. (Middle) <u>Villagas</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 25 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Mexican</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Jan. 8 1956</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Sikeston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Cruz Villagas</u>		13b. MOTHER'S MAIDEN NAME <u>Santos Ramirez</u>		14. NAME OF HUSBAND OR WIFE	
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 <u>Cruz Villagas, Lilbourn, Mo.</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 to 4 days</u>
	ANTECEDENT 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. <u>Mod. severe dehydration</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE (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 25 Feb, 1956, to 25 Feb, 1956, that I last saw the deceased alive on 25 Feb, 1956, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles C. Beck</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>New Madrid, Mo.</u>	23c. DATE SIGNED <u>29 Feb 56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-26-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park</u>
24d. LOCATION (City, town, or county) (State) <u>Lilbourn, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>2-28-56</u>	REGISTRAR'S SIGNATURE <u>H.L. Ponder Deputy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Friends</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED MAR 5 1956
NEW MADRID CO. HEALTH CENTER
P.J.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.....

Licensed Embalmer No.....

P. O. Address.....

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.