

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15254

State File No.

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6154 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Nueces	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland Twp.		c. CITY OR TOWN Corpus Christi	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)		e. STREET ADDRESS (If rural, give location) 2621 Wainwright	
d. FULL NAME OF HOSPITAL OR INSTITUTION U. S. Highway #60			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Maria	b. (Middle) Luisa	c. (Last) Aranda	(Month) April	(Day) 10	(Year) 1956
5. SEX Female	6. COLOR OR RACE Mexican	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Sept. 10, 1946	9. AGE (In years last birthday) 9	if UNDER 1 YEAR Months 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Corpus Christi, Texas		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Roberta Aranda	13b. MOTHER'S MAIDEN NAME Amelia Rodriguez	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Roberta Aranda, Corpus Christi, Tex.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture and internal injuries		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, factory, store, school, or bldg., etc.) Highway #60	21c. (CITY, TOWN, OR TOWNSHIP) Richland Twp. (COUNTY) Stoddard, Mo. (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 10, 1956 11:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident

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 **11:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE Way W. Rainey (Degree or title) Coroner	23b. ADDRESS Dexter, Missouri	23c. DATE SIGNED 4-10-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-16-56	24c. NAME OF CEMETERY OR CREMATORY San Antonio, Texas

DATE REC'D BY LOCAL REG. 4-16-56	REGISTRAR'S SIGNATURE Leis E. Mooney	25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey ADDRESS Dexter, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. Duff*

Licensed Embalmer No. *47*

P. O. Address *Bernie*

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.