

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42585

STATE FILE NUMBER

FILED JAN 3 1957

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 441

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY St Francois		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		a. STATE Illinois		b. COUNTY Cook	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		Length of stay in lb 5 hrs		c. CITY OR TOWN Chicago		Inside Limits Yes# No□	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Antonio		Middle Gonzalez-		Last Silva		Month Day Year Dec. 22, 1956	
5. SEX Male		6. COLOR OR RACE Mexican		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 8, 1926	
9. AGE (In years last birthday) 30		10. KIND OF BUSINESS OR INDUSTRY Laborer		11. BIRTHPLACE (City and state or country) Mexico		12. CITIZEN OF WHAT COUNTRY? Unknown	
13. FATHER'S NAME Paulino Gonzalez				14. MOTHER'S MAIDEN NAME Maria DeJesus Silva			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Guadalupe Silva Chicago, Illinois			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest, Pulmonary Edema / Multiple Injuries. DUE TO (b) Coronary Junc Perdit. by collision of DUE TO (c) automobile accident 8164							INTERVAL BETWEEN ONSET AND DEATH.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 26							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) collision of two automobiles					
20c. TIME OF INJURY 5:30 p.m. 12/22/56							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway #67		20f. CITY, TOWN, OR LOCATION New Farmington, Mo.		20g. COUNTY St. Francois	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Berl G Miller				22b. ADDRESS Coroner 2 Farmington, Mo		22c. DATE SIGNED 12/22/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/24/56		23c. NAME OF CEMETERY OR CREMATORY Lands, Texas		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Miller Funeral Home Farmington, Mo.		25. DATE RECD. BY LOCAL REG. Dec. 24, 1956		26. REGISTRAR'S SIGNATURE Esther Rudloff			

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare, Public Service
 00 56
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Paul H. Royal* _____

Licensed Embalmer No. *417*

P. O. Address *Ferrisburgh*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.