

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1958

11-2-19
333
3074
4122
STATE FILE NUMBER
12

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		c. CITY OR TOWN Lilbourn	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp.		d. STREET ADDRESS Route #1	
3. NAME OF DECEASED (Type or print) First Lawrence Middle - Last Ramirez		4. DATE OF DEATH Month 1 Day 26 Year 1958	
5. SEX Male	6. COLOR OR RACE Mexican	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-21-1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) Lilbourn, Missouri
13. FATHER'S NAME Pantaleon Ramirez		14. MOTHER'S MAIDEN NAME Consuela Hele	
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.	
17. INFORMANT Consuela Ramirez, Lilbourn, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nephrotic Syndrome			INTERVAL BETWEEN ONSET AND DEATH 72 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 1. VOMITING			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 1-24-58 to 1-24-58 and last saw her alive on 1-24-58 Death occurred at 4:00 P. m on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE (Degree or title) Andra B. Smith MD		22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 1-28-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-27-58	23c. NAME OF CEMETERY OR CREMATORY Mounds Cem.	23d. LOCATION (City, town, or county) (State) Near Lilbourn, Mo.
24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo.		25. DATE RECD. BY LOCAL REG. 1-28-58	26. REGISTRAR'S SIGNATURE Miss Ella Frazier

DATE RECEIVED FEB 3 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 258-34

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 Homer L. Ponder

Licensed Embalmer No. 334

P. O. Address Tilbourn

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.