

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022427  
STATE FILE NUMBER

FILED JUL 8 1958 Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt. Vernon,</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Parma</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. S. S.</b>		Length of stay in lb <b>63 days</b>	103 <sup>d</sup> STREET ADDRESS (If outside, give location) <b>Route 1</b>
3. NAME OF DECEASED (Type or print) First <b>Julio</b> Middle <b>Aldaco</b> Last <b>Aldaco</b>			4. DATE OF DEATH Month <b>June</b> Day <b>17</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-12-19</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm worker</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>39</b>
11. BIRTHPLACE (City and state or country) <b>Rio Grande City, Texas /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Miauel Aldaco</b>		13b. MOTHER'S MAIDEN NAME <b>Guigardo</b>	14. NAME OF HUSBAND OR WIFE <b>Louise</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Med. records, Missouri State Sanatorium</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary tuberculosis, far advanced</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			<b>002-X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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 <b>4-16-58</b> to <b>6-17-58</b> and last saw <sup>him</sup> alive on <b>6-17-58</b> Death occurred at <b>10:20 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>C. H. Helleweg M. D.</b>		22b. ADDRESS <b>Mo. S. S., Mt. Vernon, Mo.</b>	22c. DATE SIGNED <b>6-17-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6-17-58</b>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS <b>Fessett Funeral Home, Mt. Vernon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-3-58</b>	26. REGISTRAR'S SIGNATURE <b>Cecil Stoddard</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 W. J. G. Carrell  
Signature of Student Embalmer

Signed H. H. Fossett

Licensed Embalmer No. 2201  
P. O. Address M. Kama, M.

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.