

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005274

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 186

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 5117

2 5117

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4 1

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12 86-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

C.L. Dickman, M.D. MEDICAL CERTIFICATION

FILED FEB 19 1963

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Length of stay in 1b 50yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Arnolds Nursing Home Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph, Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 2430 So 6th Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Maria Bautista
4. DATE OF DEATH Month Day Year Feb 13, 1963

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH May 7, 1886 9. AGE (last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Guanajuato, Mexico 12. CITIZEN OF WHAT COUNTRY Mexico

13a. FATHER'S NAME Eleuterio Morales 13b. MOTHER'S MAIDEN NAME Maria Isabel Gallardo 14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rev John Hix, St. Joseph, Mo

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) uremia due to renal disease
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)
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown
INTERVAL BETWEEN ONSET AND DEATH 3mo

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour s.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 Dec 62 to 2-13-63 and last saw her alive on 2-7-63
Death occurred at 10:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clement E. Thompson M.D. 22b. ADDRESS St. Joseph, Mo 22c. DATE SIGNED 2-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2/16/63 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, town, or county) St. Joseph, Mo

24. FUNERAL DIRECTOR ADDRESS St. Joseph, Mo 25. DATE RECD. BY LOCAL REG. Feb. 18, 1963 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

USE BLACK INK OR TYPEWRITER RIBBON

4-10-1967

Permit issued 2/15/63
2112
2115
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STATEMENT BY LICENSED EMBALMER

0-18

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

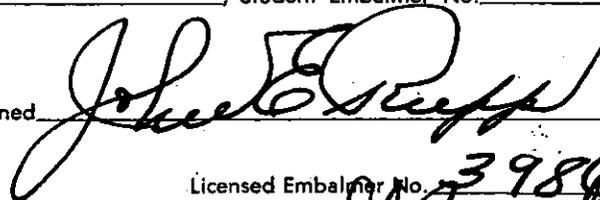
_____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____



Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo.

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.