

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-028009

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2,000 Registrar's No. 1176-B

DO NOT WRITE ON THIS STUB
AMENDED

FILED AUG 5 1963

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MEXICO b. COUNTY Chihuahua	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Missouri		Length of stay in 1b 86 days	c. CITY OR TOWN Juarez Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U.S. Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 216 Calle Costa Rica Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Roberto Vargas-Gonzalez			4. DATE OF DEATH Month July Day 25 Year 1963
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 2-6-07
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	9. AGE (last birthday) 56 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) Chihuahua, Mexico		12. CITIZEN OF WHAT COUNTRY Mexico	
13a. FATHER'S NAME Felix Vargas		13b. MOTHER'S MAIDEN NAME Tilisa Gonzales	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address MCFP files, Springfield, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia DUE TO (b) Hepatoma DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 months 5 months +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Broncho-pneumonia			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.	Month, Day, Year _____		
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 4-30-63 to 7-25-63 and last saw him alive on 7-25-63 Death occurred at 6:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Pasquale J. Ciccone</i> Pasquale J. Ciccone, M.D., Medical Director, USPHS.		22b. ADDRESS U.S. Medical Center Springfield, Missouri	22c. DATE SIGNED 7-26-63
23a. BURIAL, CREMATION, OR DISPOSAL (Specify) Burial	23b. DATE 9-30-63	23c. NAME OF CEMETERY OR CREMATORY St. Mary's	23d. LOCATION (City, town, or county) (State) Springfield, Mo.
24. FUNERAL DIRECTOR Adams - Menger, Ogden, Mo.		25. DATE RECD. BY LOCAL REG. 7-29-63	26. REGISTRAR'S SIGNATURE <i>Effie G. Matton</i>

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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF
 MEDICAL CERTIFICATION
 DOCUMENT
 DATE AMENDED
 ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

7-26-63

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 Brian Abbott

Licensed Embalmer No. 5115
P. O. Address Springfield, 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.