S. No. 300
v. 10.48

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33979

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 356

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place): 4 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mi. North of Lebanon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0530
d. STREET ADDRESS (If rural, give location): Lebanon Rt 3

3. NAME OF DECEASED (Type or Print): a. (First) Freddie b. (Middle) Jean c. (Last) Tracy

4. DATE OF DEATH (Month) Oct (Day) 12 (Year) 1950

5. SEX M **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never married **8. DATE OF BIRTH** Aug 3, 1937 **9. AGE** (In years last birthday) 13 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Tracy
13b. MOTHER'S MAIDEN NAME Flossie Lininger
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME George Tracy — **ADDRESS** Lebanon Mo Rt 3

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 053
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Laclede (STATE) Mo.
21d. TIME OF INJURY (Month) Oct (Day) 12 (Year) 1950 (Hour) 83 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Drowned while swimming in pond

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 430 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Richard L. Palmer 3 (Degree or title) Coroner
23b. ADDRESS Lebanon Mo.
23c. DATE SIGNED Oct 13 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE Oct 15 1950
24c. NAME OF CEMETERY OR CREMATORY Lebanon City Cem
24d. LOCATION (City, town, or county) Lebanon (State) Mo.

DATE REC'D BY LOCAL REG. 10-14-1950
REGISTRAR'S SIGNATURE Nella L. Clay 424
25. FUNERAL DIRECTOR'S SIGNATURE Palmer's — **ADDRESS** Lebanon, Mo

(Licensed Embalmer's Statement on Reverse Side)

Received OCT 21 1950

Laclede County Health Unit

File No. 10-50-158

Date Filed OCT 23 1950

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 .....
Student Embalmer

Signed L B Palmer Jr

Licensed Embalmer No. 4811

P. O. Address Lebanon 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 this body is not embalmed, fact should be so stated above.