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S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15354

APR 25 1952

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Liberty Township)
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mo State Highway # 25 approx 1½ mi. south of Dexter, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ardennes
b. COUNTY: 8630
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Apremont S/Aire 8
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Yves
b. (Middle): Pierre Gabriel
c. (Last): Raulin

4. DATE OF DEATH (Month) (Day) (Year): April 12 1952

5. SEX: Male O

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married O

8. DATE OF BIRTH: September 11, 1932

9. AGE (In years last birthday): 19 — If under 1 year: Months 7, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): French Air Force

10b. KIND OF BUSINESS OR INDUSTRY: French Air Force

11. BIRTHPLACE (State or foreign country): Ardennes, France S-

12. CITIZEN OF WHAT COUNTRY?: France

13a. FATHER'S NAME: Felix Henri Raulin

13b. MOTHER'S MAIDEN NAME: Claire

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Attached for training
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Paul Ricaud, Lt, French Air Force
ADDRESS: Malden Air Base, Mo.

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) Injuries multiple extreme, Fracture depressed compound entire skull, Fracture compressed cervical vertebrae, — INTERVAL BETWEEN ONSET AND DEATH: sudden

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. Wound. Lacerated right arm and forearm Abrasions generalized, face torso arms and legs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 103

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.): State Hwy # 25

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Liberty Township Stoddard Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 12 1952 80hpm

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Auto accident

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* 80½ p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ray W. Rainey
(Degree or title): Coroner 3

23b. ADDRESS: Dexter, Missouri

23c. DATE SIGNED: 4/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 16 April 1952

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Apremont S/Aire, France

DATE REC'D BY LOCAL REG.: 4-17-52

REGISTRAR'S SIGNATURE: Velma V. Jenkins 409

25. FUNERAL DIRECTOR'S SIGNATURE: Day Funeral Home
ADDRESS: Malden

(Licensed Embalmer's Statement on Reverse Side)

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 J. D. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.