

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

41284

State File No. ....

1952 DEC 3 1952

BIRTH NO. _____		REG. DIST. NO. <u>339</u>		PRIMARY REG. DIST. NO. <u>6150</u>		Registrar's No. <u>26</u>			
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leora (Rural) New Lisbon</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		359			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>107 N. Walnut St.</u>					
3. NAME OF DECEASED (Type or Print) <u>Thomas</u>		a. (First) _____		b. (Middle) <u>Elmer</u>		c. (Last) <u>East</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 9th 1913</u>			
9. AGE (In years last birthday) <u>38</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>22</u>		IF UNDER 1 YEAR Hours _____ Min. _____		9. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 31st-1952</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentry</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Grand Tower ILL.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13a. FATHER'S NAME <u>Willard East</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Berry</u>		14. NAME OF HUSBAND OR WIFE <u>Gwendolyn East</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>486-14-3967</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gwendolyn East</u>		ADDRESS <u>Kennett Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple compound fractures and mutilation of entire body.</u> 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. <u>E863X 39</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, airport, office bldg., etc.) <u>3 Mi. N.E. Leora</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Leora Stoddard Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Oct. 31, 1952 5:20 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Plane crash</u> 103					
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 <u>5:20 A.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Way W. Rainey Coroner</u>				23b. ADDRESS <u>Dexter, Missouri</u>		23c. DATE SIGNED <u>11-4-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-2nd-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-10-52</u>		REGISTRAR'S SIGNATURE <u>Floyd Morgan</u> 358		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leita DeLoach</u> ADDRESS <u>Kennett Mo.</u>					

(Licensed Embalmer's Statement on (Reverse Side))

10303

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

STATEMENT BY LICENSED EMBALMER

*Not Embalmed*

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 *Edgar Lee Fark*

Licensed Embalmer No. *4433*

P. O. Address *Kennett 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.