

FILED DEC 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41293**BIRTH NO. _____ REG. DIST. NO. **339** PRIMARY REG. DIST. NO. **6150** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leora (Rural) New Lisbonn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 602 Maple st.	

3. NAME OF DECEASED (Type or Print) Marge	a. (First)	b. (Middle)	c. (Last) Mead	4. DATE OF DEATH (Month) (Day) (Year) Oct. 31-1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 10th, 1930	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 21	IF UNDER 4 HRS. Hours 21
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer	10b. KIND OF BUSINESS OR INDUSTRY Hardware store	11. BIRTHPLACE (City and State or Foreign Country) Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W.J. Collier	13b. MOTHER'S MAIDEN NAME Sillar Collier	14. NAME OF HUSBAND OR WIFE Unknown Elmer T. Mead
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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. X 489-32-9513	17. INFORMANT'S SIGNATURE OR NAME Edward Mead	ADDRESS Kennett Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH Sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple compound fractures and mutilation of entire body.		
	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. E863X 79			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) BMI. N.E. Leora	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Leora Stoddard Mo.
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct. 31-1952 5:20	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 103 Plane crash
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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 **5:20 Am**, from the causes and on the date stated above.

23a. SIGNATURE War W. Priner	(Degree or title) Coroner	23b. ADDRESS Dexter, Missouri	23c. DATE SIGNED 11-4-52
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24a. BURIAL-CREMA-TION REMOVAL (Specify) Burial	24b. DATE Nov. 2nd, 1952	24c. NAME OF CEMETERY OR CREMATORY oak Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Kennett Mo.
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DATE REC'D BY LOCAL REG. 11-10-52	REGISTRAR'S SIGNATURE Glad Morgan	25. FUNERAL DIRECTOR'S SIGNATURE Levita Desires Kennett Mo.	ADDRESS
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11-10-52

(Licensed Embalmer's Statement on Reverse Side)

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

0303

30

MAR 26 1953

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 R. Ford*

Licensed Embalmer No. *4423*

P. O. Address *Hennett Gno.*

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.