

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11669**

BIRTH NO. _____		REG. DIST. NO. <u>104</u>		PRIMARY REG. DIST. NO. <u>5418</u>		Registrar's No. <u>9</u>		
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mass.</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cotton Hill Twp.</u>		c. LENGTH OF STAY (In this place) <u>-</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Beverly</u>		<u>8208</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 mi NW of Malden, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>50 Courtney Drive</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Perley</u> b. (Middle) <u>S.</u> c. (Last) <u>DeFazio</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 16 1954</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Caucasian</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>24 Aug, 26</u>		
9. AGE (In years last birthday) <u>27</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pilot</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Flt. Instr.</u>		11. BIRTHPLACE (State or foreign country) <u>Athol, Mass.</u>		12. CITIZEN OF WHAT COUNTRY? <u>United State</u>	
13a. FATHER'S NAME <u>Deceased</u>			13b. MOTHER'S MAIDEN NAME <u>Deceased</u>			14. NAME OF HUSBAND OR WIFE <u>Gloria M. DeFazio</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 4 1/2 yrs</u>			16. SOCIAL SECURITY NO. <u>118-16-1305</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. R. LOWELL, Anderson Air Activities</u>			ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple compound, comminuted, avulsed fracture of both extremities.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>None</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS <u>Approximately 80% of body - 3rd degree burns (charred).</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>Sudden</u> <u>Sudden</u>	
19a. DATE OF OPERATION <u>-</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public place, etc.) <u>On farm near Malden, Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mo. Malden Dunklin Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>April 16 1954 10:30 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Aircraft Accident</u>				
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>10:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Eugene L. Snowden, Capt, USAF (MC)</u> (Degree or title)				23b. ADDRESS <u>3305th USAF Dispensary, Malden Air Base, Missouri</u>		23c. DATE SIGNED <u>17 Apr 54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>unknown</u>		24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Beverly, Mass.</u>		
DATE REC'D BY LOCAL REG. <u>4-17-54</u>		REGISTRAR'S SIGNATURE <u>J. W. Schumann</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Home, Dexter, Missouri</u>		ADDRESS _____		

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-27-54
COUNTY FILE NUMBER 454-124

MAY 2 1954

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Walter Marsh Watkins*

Signed.....
Student Embalmer

Licensed Embalmer No. *4712*

P. O. Address *Derby, 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.