

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12789

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 5558 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <b>HOWELL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>HOWELL</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" <b>DRY CREEK TWP.</b>		c. LENGTH OF STAY (in this place) <b>5 yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>6 MI. NORTH W. PLAINS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" <b>DRY CREEK TWP.</b>	
d. STREET ADDRESS <b>WEST PLAINS, MO. RR. 3</b>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRED</b> b. (Middle) <b>HARRY</b> c. (Last) <b>EKLUND</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>ARRIL 8, 1950</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>SEPT. 14, 1898</b>
9. AGE (In years last birthday) <b>51</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>	11. BIRTHPLACE (State or foreign country) <b>MINNEAPOLIS, MINN</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>GENERAL CONSTRUCTION</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>FRANK EKLUND</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA KNUITSEN</b>	14. NAME OF HUSBAND OR WIFE <b>BESSIE M. CRONK</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES. W.W.I.</b>		16. SOCIAL SECURITY NO. <b>469-01-0217</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Fred H. Eklund, West Plains, Mo.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>LOSS DORSUM OF SKULL.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>IMMEDIATE</b>	
ANTECEDENT CAUSES <b>AMPUTATION BOTH HANDS -</b>		<b>28104</b>	
Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. <b>DUE TO MULTIPLE FRACTURES</b>		<b>27</b>	
DUE TO <b>LARGE OPEN WOUND - LOWER BACK</b>		<b>27</b>	
II. OTHER SIGNIFICANT CONDITIONS <b>Following Truck-Train Accident</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>46</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ACCIDENT</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, or on bldg., etc.) <b>RR Road Crossing - near West Plains - Howell - Mo -</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>APR 8 1950 3:40 PM</b>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>He was driving Truck - Hit by TRAIN</b>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased also on _____, 19____, and that death occurred at <b>3:40 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Robert A. Smith - W.D. CORONER</b>		23b. ADDRESS <b>Howell Co West Plains, Mo.</b>	
23c. DATE SIGNED <b>10 APR 50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>APR. 11, 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Arlington Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Rockford, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>April 13, 1950</b>		REGISTRAR'S SIGNATURE <b>Marshall Ball</b>	
5387		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hal Thomburg</b>	
		ADDRESS <b>W. Plains, Mo.</b>	

APR 19 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 *Hal Thomburg*

Licensed Embalmer No. *3408*

P. O. Address *W. Platte, 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.