No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38428

BIRTH NO. _____ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 5495 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Trailcreek Twp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3½ miles West of Mt. Moriah, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Trailcreek Twp.,
d. STREET ADDRESS (If rural, give location): 0416 3½ Miles West of Mt. Moriah, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Riley
b. (Middle): Raymond
c. (Last): Preston

4. DATE OF DEATH (Month) (Day) (Year): November 10, 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: November 8, 1914

9. AGE (In years last birthday): 38 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Owner of farm

11. BIRTHPLACE (State or foreign country): Pinggold County, Iowa. 1

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: W. G. Preston

13b. MOTHER'S MAIDEN NAME: Daisy Starr

14. NAME OF HUSBAND OR WIFE: Mary Preston

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Mary Preston
ADDRESS: Ridgeway, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushing Chest injury — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): E9121

DUE TO (c): 3

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Fracture left jaw. — 15 min.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 841

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.): about farm.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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

21f. HOW DID INJURY OCCUR? Tractor turned over on to chest.

22. *I hereby certify that I attended the deceased from* Pt. dead when seen at 11:00 a.m. *to* _____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leonard R. Lee (Degree or title): M. D.

23b. ADDRESS: Bethany, Missouri.

23c. DATE SIGNED: 11-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE: Nov. 14, 1952

24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah, Cemetery

24d. LOCATION (City, town, or county) (State): Mt. Moriah, Mo.

DATE REC'D BY LOCAL REG.: Nov. 25-52

REGISTRAR'S SIGNATURE: S. Pha Shaw 117 0

25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Cainsville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 31 1952

DEC 4 1952

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, ~~by~~ ~~by~~ Eddie J. Stoklasa Student Embalmer No. ....., working under my personal supervision.

Signed ..... Student Embalmer

Signed E. Stoklasa

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.