V.S. No. 300
Rev. 10-48

FILED DEC 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41292

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 6150 Registrar's No. 28

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

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Leora (Rural) New Lisbon
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):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett 0352 1
d. STREET ADDRESS (If rural, give location): 602 Maple St.

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer b. (Middle): T. c. (Last): Mead

4. DATE OF DEATH (Month) (Day) (Year): Oct. 31st-1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Sept. 22-1915
9. AGE (In years last birthday): 37 — If under 1 year: Months 1, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jeweler
10b. KIND OF BUSINESS OR INDUSTRY: Jewelry Store
11. BIRTHPLACE (City and State or Foreign Country): Kennett Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Zenie Elmore Mead
13b. MOTHER'S MAIDEN NAME: Nora Ann Adcock
14. NAME OF HUSBAND OR WIFE: Marge Collier Mead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Warll
16. SOCIAL SECURITY NO.: 494-09-4499
17. INFORMANT'S SIGNATURE OR NAME: Edward Mead — ADDRESS: Kennett Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

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) _____

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Sudden

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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.): 3Mi. N.E. Leora
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Leora Stoddard 103 Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 31, 1952 A.m. 5:20
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Plane crash

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 A.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray W. Rainey Coroner
23b. ADDRESS: Dexter, Missouri
23c. DATE SIGNED: 11-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 2nd-52
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Kennett Mo.

DATE REC'D BY LOCAL REG.: 11-10-52
REGISTRAR'S SIGNATURE: Flora Morgan 358
25. FUNERAL DIRECTOR'S SIGNATURE: Lenty Service — ADDRESS: Kennett Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 6 1952

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 Ford

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.