FILED OCT 5 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32772

BIRTH NO. 12463261 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 327

1. PLACE OF DEATH
a. COUNTY St. FRANCOIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BONNE TERRE
c. LENGTH OF STAY (In this place) 12 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BONNE TERRE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY St. FRANCOIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BONNE TERRE
d. STREET ADDRESS (If rural, give location) 0940

3. NAME OF DECEASED (Type or Print) a. (First) RONALD EUGENE b. (Middle) c. (Last) FAIRCLOTH

4. DATE OF DEATH (Month) Sept (Day) 25 (Year) 1953

5. SEX MALE

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT

8. DATE OF BIRTH Sept. 24-1953

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 12 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) ~~Mo.~~ BONNE TERRE MO.

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

13a. FATHER'S NAME CLAUDE FAIRCLOTH

13b. MOTHER'S MAIDEN NAME NORMA LEE MARLER

14. NAME OF HUSBAND OR WIFE NONE

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 CLAUDE FAIRCLOTH, ADDRESS ESTHER 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) Atelectasis Both Lungs — INTERVAL BETWEEN ONSET AND DEATH: Congenital

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 7620

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

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?

22. *I hereby certify that I attended the deceased from* Sept 24, 1953, *to* Sept 25, 1953, *that I last saw the deceased alive on* Sept 25, 1953, *and that death occurred at* 4:05 *m., from the causes and on the date stated above.*

23a. SIGNATURE J. L. Foster (Degree or title) MD

23b. ADDRESS Desloge Mo.

23c. DATE SIGNED 9-28-53

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

24b. DATE SEPT 26/1953

24c. NAME OF CEMETERY ~~OR CREMATORY~~ Woodlawn

24d. LOCATION (City, town, or county) (State) Leadington, MO.

DATE REC'D BY LOCAL REG. Sept. 28, 1953

REGISTRAR'S SIGNATURE Esther Rudloff 289

25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell ADDRESS Flat River, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Filat River, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.