

X
S. No. 300
V. 10.48

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25686

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>6091</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>SALINE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>TEXAS</u> b. COUNTY <u>BEXAR</u>			
b. CITY OR TOWN <u>RURAL - SALT POND</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>SAN ANTONIO</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROUTE # 40, MO</u>				f. STREET ADDRESS (If rural, give location) <u>518 McCAULEY DRIVE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWIN</u> b. (Middle) <u>CARL</u> c. (Last) <u>MANDEL</u>			4. DATE OF DEATH <u>July 31 - 1956</u> (Month) (Day) (Year)				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>SEPT. 1 - 1938</u>	
9. AGE (In years last birthday) <u>17</u>		10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>AIR FORCE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MILITARY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GUADALUPE COUNTY, TEXAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>EDWIN H MANDEL</u>		13b. MOTHER'S MAIDEN NAME <u>LOIS JOY (UNKNOWN)</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u>		16. SOCIAL SECURITY NO. <u>12 SEP 55 TO DATE 450-54-2832</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MILITARY RECORDS</u> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Automobile accident</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>Just 1</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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, office bldg., etc.) <u>Highway 40. E. of Spring's Salt Pond</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Saline Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 31 - 56 12:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collision with a truck head on</u>			
22. I hereby certify that I attended the deceased from <u>investigation</u> to <u>7-31-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-31-56</u> , 19 <u>56</u> , and that death occurred at <u>2:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. L. Lawrence M.D. Coroner Saline Mo.</u>			23b. ADDRESS <u>Wess Hall Mo.</u>			23c. DATE SIGNED <u>7-31-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>unknown</u>		24b. DATE <u>unknown</u>		24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>		24d. LOCATION (City, town, or county) (State) <u>unknown</u>	
DATE REC'D BY LOCAL REG. <u>July 31, 1956</u>		REGISTRAR'S SIGNATURE <u>Mary Massey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Moore</u>		ADDRESS <u>La Monte Mo.</u>	

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

AUG 3 1956

AUG 10 1956

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.....
Signature of Student Embalmer

Signed *Paul M. Moore*

Licensed Embalmer No. *3923*

P. O. Address *S. Monte N*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.