

FILED OCT 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35309**

BIRTH NO. _____		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3019		Registrar's No. 145	
1. PLACE OF DEATH a. COUNTY DUNKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DUNKLIN			
b. CITY (If outside corporate limits, write RURAL and give township) KENNETT		c. LENGTH OF STAY (In this place) 1 DAY		c. CITY OR TOWN HORNERSVILLE		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION DUNKLIN COUNTY MEMORIAL HOSPITAL				e. STREET ADDRESS (If rural, give location) 035 0			
3. NAME OF DECEASED (Type or Print) a. (First) LARRY b. (Middle) DON c. (Last) AIRSMAN				4. DATE OF DEATH (Month) (Day) (Year) 10-22-1957			
5. SEX MALE		6. COLOR OR RACE CAUCASIAN		7. MARRIED, NEVER MARRIED, OR WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 1-6-1949	
9. AGE (In years last birthday) 8		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		11. BIRTHPLACE (City and State or Foreign Country) HORNERSVILLE, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN AIRSMAN		13b. MOTHER'S MAIDEN NAME LOTTIE VANDOVER		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Paul C. Miltner ADDRESS Hornersville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Penetrating Concussion + crushing injury chest fracture ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) injury chest fracture DUE TO (c) 4-5-6 ribs it II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E. 8304				INTERVAL BETWEEN ONSET AND DEATH 12 Hrs.	
19a. DATE OF OPERATION 10-21-57		19b. MAJOR FINDINGS OF OPERATION Tracheotomy done for breathing difficulty.				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.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dunklin 035 MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 21 57 2Pm.		21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? fell under auto			
22. I hereby certify that I attended the deceased from 10-21 , 1957, to 10-22 , 1957, that I last saw the deceased alive on 10-21 , 1957, and that death occurred at 2:25 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul C. Miltner M.D.				23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 10-25-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-23-1957		24c. NAME OF CEMETERY OR CREMATORY HORNER CEMETERY		24d. LOCATION (City, town, or county) (State) HORNERSVILLE, MISSOURI	
DATE REC'D BY LOCAL REG. 10-25-1957		REGISTRAR'S SIGNATURE Paul J. Lusk		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EMERSON FUNERAL JONESBORO, ARK.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY
DEPARTMENT 10-29-5
COUNTY FILE NUMBER 103

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 *James H. Jones*

Licensed Embalmer No. 895

P. O. Address *Jonesboro, N.C.*

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.