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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006816
STATE FILE NUMBER

FILED FEB 18 1959 Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION accident Highway 67 — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Desloge — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS Desloge (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Mr. Aaron Middle Thomas Last Mc George.
4. DATE OF DEATH: Month Feb. Day 7 Year 1959
5. SEX: Male
6. COLOR OR RACE: White Race
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: December 25-1927
9. AGE (In years last birthday): 31
IF UNDER 1 YEAR: Months 1 Days 12 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal clerk.
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Post office
11. BIRTHPLACE (City and state or country): Flat River, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mr. Carl G. Mc George.
14. MOTHER'S MAIDEN NAME: Myrtle Stoler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes. (If yes, give war or dates of service): Second World War-Korea
16. SOCIAL SECURITY NO.: 498-24-0953
17. INFORMANT: Mrs. Jean E. Mc George — Address: Desloge, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Internal injuries and crushed chest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Was killed while driving his car on Highway #67 near KFMO Radio Station,
DUE TO (c) having lost control of it and hit bridge abutment. Inquest deemed unnecessary

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Investigated by Coroner

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Deceased came to his death by automobile accident
20c. TIME OF INJURY: Hour 1:00 a. m. ~~p. m.~~ Month, Day, Year 2 7 1959 094
20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Near KFMO Radio Sta.
20f. CITY, TOWN, OR LOCATION: Flat River COUNTY: St. Francois STATE: Missouri

21. I attended the deceased from Unattended by a physician and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Esther Rudloff (Degree or title) Local Registrar of Vital Statistics,
22b. ADDRESS: Realty Bldg., Farmington, Mo.
22c. DATE SIGNED: 2-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Buried
23b. DATE: February 9-1959
23c. NAME OF CEMETERY OR CREMATORY: St. Francois Memorial Park.
23d. LOCATION (City, town, or county) (State): Bonne Terre Route No 1 Mo.
24. FUNERAL DIRECTOR: Alvin W. Hood ADDRESS: Flat River, Mo.
25. DATE RECD. BY LOCAL REG.: Feb. 9, 1959
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FEB 25 1959

APR 30 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Alvin W. Hood

Licensed Embalmer No. 278

303 Crane St.

P. O. Address Flat River

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.