

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

69

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5037 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ohio</u> b. COUNTY <u>8-340</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Saltriver</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centerville</u> <u>8</u>	
c. LENGTH OF STAY (in this place) <u>1 hour</u>		d. STREET ADDRESS (If rural, give location) <u>Box 298</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1/2 mile North of Mexico</u>			

3. NAME OF DECEASED a. (First) <u>JOSEPH</u> b. (Middle) <u>P.</u> c. (Last) <u>BUMMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24, 1950</u>		
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5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 5, 1910</u>		9. AGE (In years last birthday) <u>39</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Unknown</u> <u>9'</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Bummer</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or date of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u>144-10-2727</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Identification record on person</u> ADDRESS	
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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* <u>Inquest. Accidental Air Plane</u> ANTECEDENT CAUSES <u>wreck forced down in fog by lack of gasolene. Taken from the plane dead</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>both bodies were badly crushed</u> DUE TO (b) <u>Crushed bodies</u> DUE TO (c) <u>Crushed bodies</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Crushed bodies</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 6 6</u> <u>29</u>	
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19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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>Posture</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mexico Audrain Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-24-50 9:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Air Plane wreck. (Crash)</u> <u>004</u>	
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22. I hereby certify that I attended the deceased from Coroner's Case, 1950, that I last saw the deceased Jan 1-24, 1950, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. C. Adams, M.D. Coroner</u> (Degree or title)		23b. ADDRESS <u>Mexico Mo.</u>		23c. DATE SIGNED <u>1-24-50</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 25, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arlington Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Washington D.C.</u>	
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DATE REC'D BY LOCAL REG. <u>Jan. 25 1950</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl E. Guld</u> ADDRESS <u>Mexico, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0040

FEB 1 1950

FEB 28 1950

MAR 7 1950

JUN 20 1950

RECEIVED

JAN 3 0 1950

District Health Officer No. \_\_\_\_\_

District File Number 1-50-2

Date Filed JAN 3 0 1950

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 Earl E. Pugh

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.