

FILED MAY 27 1950 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 17892
Registrar's No. 5

BIRTH NO. _____		REG. DIST. NO. 306		PRIMARY REG. DIST. NO. 6048		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Oklahoma			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Near Harvester		c. LENGTH OF STAY (In this place) RUBAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oklahoma City		8350	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 8			
3. NAME OF DECEASED (Type or Print) a. (First) Luella b. (Middle) Caffey c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 21 1950				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 12, 1894		9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 7 Days 9	IF UNDER 24 HRS. Hours 9 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Kansas LaCrosse		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Elmer James Guernsey		13b. MOTHER'S MAIDEN NAME Lena Honderick		14. NAME OF HUSBAND OR WIFE Lee Caffey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown		17. INFORMANT'S SIGNATURE OR NAME L. E. Guernsey		ADDRESS Oklahoma	
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) Airplane Accident ANTECEDENT CAUSES DUE TO (b) Plane falling & Burning 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 39	
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) 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) Dardenne St. Charles Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 21, 1950 8:30 AM	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Airplane Falling					
22. I hereby certify that I have read the above and that I held inquest May 21 1950, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Marie Muschen				23b. ADDRESS Wentzville mo		23c. DATE SIGNED 5-22-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5-22-50		24c. NAME OF CEMETERY OR CREMATORY nat Kern		24d. LOCATION (City, town, or county) (State) Oklahoma City	
DATE REC'D BY LOCAL REG. May 23 - 50		REGISTRAR'S SIGNATURE E. A. Keithley		25. FUNERAL DIRECTOR'S SIGNATURE Marie Muschen		ADDRESS Wentzville	

1970
B

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

----- District File Number -----

District Health Officer No. 9,

RECEIVED MAY 26 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 ^{not}-----

Student Embalmer No. -----

working under my personal supervision.

Student -----
Student Embalmer

Signed *Marion M. Mansberg* -----

Licensed Embalmer No. *246 P* -----

P. O. Address *Wentzville, 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.