

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

State File No. 30242

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5429</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Massachusetts</u> b. CITY OR TOWN <u>Norwood</u> c. CITY OR TOWN <u>Norwood</u> d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Gerald, Mo., Lyon</u>				c. LENGTH OF STAY (In this place)			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>26 Rock Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>COL. GEORGE</u> b. (Middle) <u>T.</u> c. (Last) <u>LEE</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5, 1954</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>August 5, 1919</u>	
9. AGE (In years last birthday) <u>35</u>		10. MONTHS <u>2</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
13c. NAME OF HUSBAND OR WIFE		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Scott Field Authorities</u>		18. ADDRESS		19. 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>Due to conflagration;-</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>In plane crash during thunderstorm,</u> DUE TO (c) <u>When plane hit wooded area it</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>exploded and burned.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E860X 39</u>		20. AUTOPSY? YES ☐ NO ☐		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>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>036</u> (STATE) <u>Gerald, Lyon, Franklin Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 5, 1954 3:05</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR? <u>When plane crashed & burned</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 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) <u>Ernest L. Ottmann</u>		23b. ADDRESS <u>Gerald, Mo.</u>	
23c. DATE SIGNED <u>Oct 5, 1954</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. <u>Oct 6-1954</u>		REGISTRAR'S SIGNATURE <u>John Charles Finley</u>		503	
FURNER'S SIGNATURE <u>Robert B. Gardner</u>		FURNER'S ADDRESS <u>Butterville Mo</u>		FURNER'S SIGNATURE <u>Robert B. Gardner</u>		FURNER'S ADDRESS <u>Butterville Mo</u>	

(Licensee Embalmer's Statement on Reverse Side)

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

6661 93 707

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.....

Licensed Embalmer No.....

P. O. Address.....

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.