

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**40085**

State File No. ....

**FILED JAN 12 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5096 Registrar's No. 127

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Bates</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Rural Mt. Pleasant</u>		c. CITY OR TOWN <u>Sedalia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>Sedalia AFB</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/4 Mi. E. 52 from Junction 71+52</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Paul</u> b. (Middle) <u>Jack</u> c. (Last) <u>Wosika</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>12-23-1954</u>		
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	
<b>8. DATE OF BIRTH</b> <u>July 23 1929</u>		<b>9. AGE</b> (In years last birthday) <u>25</u>		<b>10. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Serviceman</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Army Air Force</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>9</u>	

<b>13a. FATHER'S NAME</b> <u>W.H. Wosika</u>		<b>13b. MOTHER'S MAIDEN NAME</b>		<b>14. NAME OF HUSBAND OR WIFE</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes At present</u>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>From his paper in bill sold</u>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>multiple fractures of cranium</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Antecedent causes</u> <u>to Avulsion of cerebral tissue</u>  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				_____	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Accident</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1/4 Mi. E. 52 from Jct. 71+52</u>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Mt. Pleasant Bates Missouri</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>12-23-1954 6 P.M.</u>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <u>Automobile accident</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 6:00 P.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Doris Hutter M.D.</u>		<b>23b. ADDRESS</b> <u>Butler MO</u>		<b>23c. DATE SIGNED</b> <u>24 Dec 54</u>	
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>Dec. 25-54</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>El Reno, Oklahoma</u>	
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<b>DATE REC'D BY LOCAL REG.</b> <u>Dec. 25-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Nendall Kerney</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>John J. Henderson</u>	
				<b>ADDRESS</b> <u>Butler MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

JAN 12 1955

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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 *Robert D. Steinhilber*.....

Licensed Embalmer No. *465*.....

P. O. Address *Butler, Pa.*.....

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.