

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5399

State File No.

BIRTH NO. _____ REG. DIST. NO. 165 PRIMARY REG. DIST. NO. 5610 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Jefferson</u>	c. LENGTH OF STAY (in this place) (township) <u>3Min.</u>	c. CITY OR TOWN <u>Lemoore Sedalia AFB</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>6Mi. N.W., Windsor, Mo.</u>		STREET ADDRESS (If rural, give location) <u>Sedalia-Air-Force-Base</u> <u>0510</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>CLYDE</u>	c. (Last) <u>HOLDER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 4, 1933</u>	9. AGE (In years last birthday) <u>22</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Airman(S/Sgt.)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>US Air Force</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Newcastle, Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Not Given</u>	13b. MOTHER'S MAIDEN NAME <u>Vera Mae Not Given</u>	14. NAME OF HUSBAND OR WIFE <u>Alice</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes</u> <u>March 21, 1950</u>	16. SOCIAL SECURITY NO. <u>None Given</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sedalia AFB Records, Missouri</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Multiple Injuries and Extensive burns as result of an unavavoidable airplane Crash</u>	ANTECEDENT CAUSES DUE TO (b) <u>unavavoidable airplane Crash</u>		<u>Instant</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>E860X</u> <u>39</u>		

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>151</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

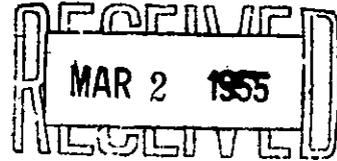
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased dead on 2/23/55, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kelly Rowland</u>	(Degree or title) <u>M.D. Coroner</u>	23b. ADDRESS <u>Holden, Missouri</u>	23c. DATE SIGNED <u>2/25/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2/26/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>148</u>	24d. LOCATION (City, town, or county) (State) <u>San Antonio, Texas</u>
DATE REC'D BY LOCAL REG. <u>3-1-55-</u>	REGISTRAR'S SIGNATURE <u>Mamie O. Haskew</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Beckert Sedalia, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEDERAL BUREAU OF INVESTIGATION



JOHNSON COUNTY HEALTH DEPT

MAR 9 1955

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..... [Signature]

Licensed Embalmer No. 347

P. O. Address [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.