

No. 300
10-48

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5405

State File No.

BIRTH NO. _____ REG. DIST. NO. 165 PRIMARY REG. DIST. NO. 5610 Registrar's No. 10

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> <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Jefferson</u>	c. LENGTH OF STAY (in this place) <u>3Min.</u>	c. CITY OR TOWN <u>Livermore</u> <u>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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) <u>Sedalia AFB Force Base</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>JOSEPH</u>	c. (Last) <u>SITRA</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23, 1955</u>
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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>May 20, 1932</u>	9. AGE (In years last birthday) <u>22</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Airman (2/C)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>US Air Force</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hayward, California</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Sitra</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Not Given</u>	14. NAME OF HUSBAND OR WIFE <u>Doris</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>April 28, 1952 572-38-6211</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sedalia AFB Records, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Injuries and extensive burns as result of an unavoidable airplane crash</u>	DUPLICATE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			<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"/>
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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) <u>051</u> (COUNTY) (STATE)
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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?
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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 Rawlins</u>	(Degree or title) <u>M.D. Coroner</u>	23b. ADDRESS <u>Holden, Missouri</u>	23c. DATE SIGNED <u>2, 25/55</u>
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24a. BURIAL (Cremation, Removal) (Specify) <u>Removal</u>	24b. DATE <u>27 Feb 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>148</u>	24d. LOCATION (City, town, or county) (State) <u>Livermore, California</u>
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DATE REC'D BY LOCAL REG. <u>2/26-1955</u>	REGISTRAR'S SIGNATURE <u>Mamie D. Hawley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DW Beckert</u>	ADDRESS <u>Sedalia, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

510
3
FEDERAL BUREAU OF INVESTIGATION

RECEIVED
FEB 28 1955
RECEIVED

JOHNSON COUNTY HEALTH DEPT.

MAR 24 1955

APR 22 1955

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..... *W. Beckart*

Licensed Embalmer No. 34

P. O. Address Sedalia

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.