

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23197

State File No.

FILED JUL 21 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>6-964</u>		Registrar's No. <u>46</u>	
1. PLACE OF DEATH a. COUNTY <u>Platte.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Jackson.</u>			
b. CITY OR TOWN <u>Parkville,</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY OR TOWN <u>Kansas City.</u>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Ivy, 60 8-45</u>				e. STREET ADDRESS (If rural, give location) <u>3521 Harrison, St. 35081</u>			
3. NAME OF DECEASED (Type or Print) <u>SAM HOYT REMPEL JR.</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <u>JULY 12, 1955</u> (Month) (Day) (Year)	
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married.</u>	8. DATE OF BIRTH <u>Oct. 12, 1929.</u>		9. AGE (In years last birthday) <u>25.</u>	10. F UNDER 1 YEAR Months	11. F UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student Pilot.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Airline.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Amarillo, Texas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sam Hoyt Rempel.</u>			13b. MOTHER'S MAIDEN NAME <u>Adnelle Porter.</u>		14. NAME OF HUSBAND OR WIFE <u>None.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes. USAF. 1950 54.</u>		16. SOCIAL SECURITY NO. <u>467 34 3500.</u>		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MULTIPLE SKULL FRACTURE AND MULTIPLE COMPOUND FRACTURES</u> ANTECEDENT CAUSES <u>AND MULTIPLE COMPOUND FRACTURES</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Aeroplane Crash. F866X PLANE CRASH 39</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
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) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NEAR FAIRFAX BRIDGE PLATTE, MO.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>PLATTE</u> (STATE) <u>MO.</u>			
21d. TIME OF INJURY <u>7 12 55 10¹⁰</u> (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Midair collision.</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 <u>10:20</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Roland M. Giffie, Coroner</u> (Degree or title)				23b. ADDRESS <u>Platte City, Mo.</u>		23c. DATE SIGNED <u>7-12-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u>		24b. DATE <u>7-14-1955.</u>	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Oklahoma City, Okla.</u>		
DATE REC'D BY LOCAL REG. <u>7-13-1955</u>		REGISTRAR'S SIGNATURE <u>B. Phia Rallins</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Edward J. Francis</u>		ADDRESS <u>401 Main Parkville</u>	

JUL 28 1955



JUL 21 1955

*This body was badly broken up, most work did not
by a trocar, injections put came out in good preservation.*
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 *Leland H. Francis*

Licensed Embalmer No. *345*

P. O. Address *Partickill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.