

FILED AUG 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23248

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mass. Mo. b. COUNTY Springfield	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Leonard Wood, Mo		c. CITY OR TOWN Boston Springfield	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 1009 E. Sunshine	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Kurt	b. (Middle) D.	c. (Last) Richards	4. DATE OF DEATH (Month) (Day) (Year) 8/4/55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/9/1921	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work doing most of working life, even if retired) Lt. US Navy	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Germany	12. CITY AND COUNTY OF DEATH Springfield, Mo
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13a. FATHER'S NAME DAMBACH Richard D. Richards	13b. MOTHER'S MAIDEN NAME Wilhelmina Pringsauf	14. NAME OF HUSBAND OR WIFE Susan Richards, Suzanne T.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Navy	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Susan Richards	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture and crushing injuries result plane crash		
	ANTECEDENT CAUSES injuries result plane crash DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		8/6/55	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 39	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ft. Wood	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ft. Wood Pulaski Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 4 55 1955	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Airplane Crash
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22. I hereby certify that I attended the deceased on **Aug. 4, 1955**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:30** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) County Coroner	23b. ADDRESS Richland, Missouri	23c. DATE SIGNED 8/5/55
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24a. BURIAL, CREMATION, or other disposition Removal	24b. DATE 8/5/55	24c. NAME OF CEMETERY OR CREMATORY Herman Lohmeyer Funeral Home Springfield	24d. LOCATION (City, town, or village) (State) Missouri
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DATE REC'D BY LOCAL REG. 8-5-55	REGISTRAR'S SIGNATURE Charles G. Anderson	458	FUNERAL DIRECTOR'S SIGNATURE Walter J. Hedges	ADDRESS Hedges Funeral Homes Inc Crocker, Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY IN UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

Date Filed: 8-6-55
File Number: _____
Public Health Office: _____
RECEIVED 8-5-55

AUG 23 1955

AUG 30 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: *Walter P. Kellogg*

Licensed Embalmer No. 470

P. O. Address *Meriden, Conn.*

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.