

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5829

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5932 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL, and give town) OR TOWN Rural - La Monte		c. LENGTH OF STAY (in this place) Few Sec.	c. CITY OR TOWN Warrensburg
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4 Mi. N. La Monte		STREET ADDRESS (If rural, give location) 1014 Anderson, St. 0512	
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) P.	c. (Last) GIANAKOS
4. DATE OF DEATH (Month) (Day) (Year) February 27, 1956		5. SEX Male	
6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 1, 1918	9. AGE (In years last birthday) 37
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S.A.F.	10b. KIND OF BUSINESS OR INDUSTRY Officer	11. BIRTHPLACE (City and State or Foreign Country) Hendersonville, N. Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Not Given (deceased)	13b. MOTHER'S MAIDEN NAME Not Given (Deceased)	14. NAME OF HUSBAND OR WIFE Phyllis H.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Aug. 23, 1951	16. SOCIAL SECURITY NO. 245-16-8593	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Whiteman Air Force Base, Mo. U.S.A.F. Records	
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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Occidental Traumatism		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Due to explosion and crash of airplane		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			860X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pettis Mo	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 2 - 27-56 3:20 pm	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Airplane exploded and crashed while on training flight	
22. I hereby certify that I attended the deceased from 03:00 pm, 1956, that I last saw the deceased alive on 2-27-56, and that death occurred at 3:20 pm, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles Gordon Steffleche, M.D.		23b. ADDRESS Corning, Pettis Co	23c. DATE SIGNED 2-29-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/1/1956	24c. NAME OF CEMETERY OR CREMATORY National Cem.	24d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kansas
DATE REC'D BY LOCAL REG 3-1-56	REGISTRAR'S SIGNATURE Duane Coon, Deputy	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duane Heckert Sedalia, Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD GILLESPIE FUNERAL HOME

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 Russell C. Maag
Licensed Embalmer No. 480

P. O. Address Sedalia, Mo.

JSC

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.