No. 300
10.48

GILLESPIE FUNERAL HOME

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

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5831

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 593V Registrar's No. 126

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - La Monte
c. LENGTH OF STAY (in this place) Few Sec.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4 Mi. N. La Monte

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Cook
c. CITY OR TOWN Chicago
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location) 1919 West North Ave. 8120 8

3. NAME OF DECEASED (Type or Print)
a. (First) FRANK
b. (Middle) J.
c. (Last) MATUSZEWSKI

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 May 7, 1921
9. AGE (In years last birthday) 34 — 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.S.A.F.
10b. KIND OF BUSINESS OR INDUSTRY Officer
11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Not Given (Deceased)
13b. MOTHER'S MAIDEN NAME Sophia Kowalski
14. NAME OF HUSBAND OR WIFE Margaret L.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Jan. 13, 1944
16. SOCIAL SECURITY NO. 322-18-6171
17. INFORMANT'S SIGNATURE OR NAME Whiteman Air Force Base, Mo. U.S.A.F., Records — 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Traumatism

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
DUE TO (c) airplane

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 860X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 39
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm
21c. (CITY, TOWN, OR TOWNSHIP) 080 (COUNTY) Pettis (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-27-56 3:20 PM
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? airplane exploded and crashed while on training flight

22. *I hereby certify that I* ~~attended~~ VIEWED *the deceased from* as, 19__, to Cerner, 19__, ~~that I last saw the deceased alive on~~ _____, 19__, *and that death occurred at* 3:20 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Charles Gordon Stauffacher MD (Degree or title)
23b. ADDRESS Cerner & 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 Sunset Hill Cem.
24d. LOCATION (City, town, or county) (State) Warrensburg, Mo.

DATE REC'D BY LOCAL REG. 3-1-56
REGISTRAR'S SIGNATURE Lavina Coontz Deputy
25. FUNERAL DIRECTOR'S SIGNATURE D W Heckart — ADDRESS Sedalia, Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1956

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

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,

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