

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16448**

RULED APR 15 1957

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **3221** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY CASS COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE COLORADO b. COUNTY -	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEAR GRANDVIEW AIR BASE		c. LENGTH OF STAY (In this place) Accident	c. CITY OR TOWN Pueblo
d. FULL NAME OF HOSPITAL OR INSTITUTION FARM, NEAR GRANDVIEW AIR BASE		e. STREET ADDRESS (If rural, give location) 1338 West Abriendo	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) OLWYN c. (Last) CHARLES		4. DATE OF DEATH (Month) (Day) (Year) March 27 1957	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec. 8 1928
9. AGE (In years last birthday) 28		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. NAVY	10b. KIND OF BUSINESS OR INDUSTRY NAVAL AVIATOR
11. BIRTHPLACE (City and State or Foreign Country) DENVER, COLORADO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM O. CHARLES		13b. MOTHER'S MAIDEN NAME HELEN KIMBALL	
14. NAME OF HUSBAND OR WIFE MARJORIE A. CHARLES		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1947 to 1957	
16. SOCIAL SECURITY NO. 522-30-1850		17. INFORMANT'S SIGNATURE OR NAME ADDRESS G.W. Babcock, Cwo USNR Olathe, Kansas	
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) Injuries Multiple Extreme ANTECEDENT CAUSES DUE TO (b) Air Crash DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 39	
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE Aircraft Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm, Near Grandview	
21c. (CITY, TOWN, OR TOWNSHIP) Near Belton (COUNTY) Cass (STATE) Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-27-57 8:57am		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Aircraft Crash			
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 8:57a m., from the causes and on the date stated above.			
23a. SIGNATURE T.W. Gouldin (Degree or title) Lieut. M.C., U.S.N.R.		23b. ADDRESS Olathe, Kansas	
23c. DATE SIGNED 3-28-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/3/57	
24c. NAME OF CEMETERY OR CREMATORY Pueblo, Colorado		24d. LOCATION (City, town, or county) (State) Pueblo, Colorado	
DATE REC'D BY LOCAL REG. 4-13-57		REGISTRAR'S SIGNATURE Walter A. Bridges	
25. FUNERAL DIRECTOR'S SIGNATURE Chester L. Ganning		ADDRESS 1111 E. 1st St., Pueblo, Colorado	

(Licensed Embalmers' Statement on Reverse Side)

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

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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 embalmed

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student, Signature of Student Embalmer

Signed *Chester H. Fleming*

Licensed Embalmer No. *4569*

P. O. Address *Clark Kent*

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.