

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017553  
State File No.

FILED MAY 28 1958

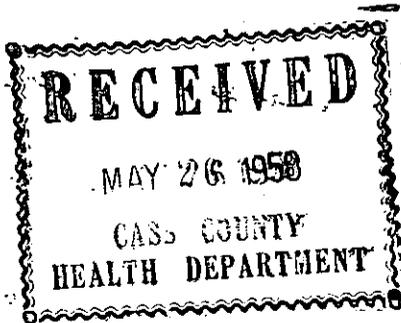
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5233 Registrar's No. 69

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL UNION</u>		c. LENGTH OF STAY (in this place) <u>✓</u>	c. CITY OR TOWN <u>BELTON</u> <u>0190</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>County Rd Y, 1/2 mls S Belton</u>			e. STREET ADDRESS (If rural, give location) <u>Richards-Gebaur AFB, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>		b. (Middle) <u>HENRY</u>	c. (Last) <u>LIND</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-15-58</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>12 Nov 1936</u>	9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months Days
IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Mins.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>USAF</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>USAF</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HUNTINGTON INDIANA</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>DONALD E. LIND</u>	13b. MOTHER'S MAIDEN NAME <u>VERA MAE (unk)</u>	14. NAME OF HUSBAND OR WIFE <u>✓</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>303-36-1260</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>U.S.A.F. RECORDS</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>SUDDEN</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MULTIPLE INJURIES</u>	ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) <u>AUTO ACCIDENT</u>				
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				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, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>UNION TWP</u> <u>CASS</u> <u>MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 15 58 11:30 P.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Car wreck</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>11:30 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Sam Yarb</u> <u>(Cem) 3</u>		23b. ADDRESS <u>Plains Hill, Mo</u>		23c. DATE SIGNED <u>5/16/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-17-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Huntington Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Huntington Indiana</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>May 18, 1958</u> <u>Worral Barnard</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Erk Berger Sons Inc Grandview</u> <u>760</u>				

MAY 29 1958

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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 *Richard E. Deane*.....

Licensed Embalmer No. *3958*

P. O. Address *Bella, M.*

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.