

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016447

STATE FILE NUMBER

FILED MAY 14 1959 Registration District No. 333 Primary Registration District No. 6114 4488 Registrar's No. 85

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| 1. PLACE OF DEATH a. COUNTY Scott | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir. | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vanduser Rt. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Cape Girardeau |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi. of HiWay 61 | | Length of stay in 1b None | d. STREET ADDRESS (If outside, give location) 402 N. W. End Boulevard |
| 3. NAME OF DECEASED (Type or print) First Middle Last Richard Bernie Witsoe | | | 4. DATE OF DEATH Month Day Year May 6, 1959 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 1, 1936 |
| 9. AGE (In years last birthday) 23 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pilot | | 10b. KIND OF BUSINESS OR INDUSTRY Airplane | 11. BIRTHPLACE (City and state or country) UNKNOWN |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13a. FATHER'S NAME UNKNOWN | 13b. MOTHER'S MAIDEN NAME UNKNOWN |
| 14. NAME OF HUSBAND OR WIFE NONE | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. 471-36-9030 |
| 17. INFORMANT John Seesing | | Address Cape Girardeau, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Injuries received in Airplane crash Body burned beyond recognition. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 863x 39 | | | INTERVAL BETWEEN ONSET AND DEATH 0 |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Plane crashed at work crop dusting. | | 20c. TIME OF INJURY Hour Month Day Year a.m. 5/6/59 p.m. | |
| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Farm Rural Scott County | 20f. CITY, TOWN, OR LOCATION Rural | COUNTY STATE Scott Mo. |
| 21. I attended the deceased from Death occurred at 6:00 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Clayton Poe Coroner | | 22b. ADDRESS Scott Mo. | 22c. DATE SIGNED 5/7/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 5-7-59 | 23c. NAME OF CEMETERY OR CREMATORY UNKNOWN | 23d. LOCATION (City, town, or county) (State) Long Prairie, Minn. |
| 24. FUNERAL DIRECTOR Ford & Sons | | ADDRESS Cape Girardeau, Mo. | 25. DATE RECD. BY LOCAL REG. May 8-59 |
| 26. REGISTRAR'S SIGNATURE Martha E. ... | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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

Signature W.D. Ford

Licensed Embalmer No. 5057.....

P. O. Address Cape Girardeau, Mo.

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.

APR 28 1960