

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022001

STATE FILE NUMBER

FILED JUN 29 1959

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 18

Health,
& Welfare
Public
Service

S. 300
r. 1-56
S10

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE North Carolina b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Chapel Hill			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION USAF Hospital Whiteman AF Base			Length of stay in 1b -	d. STREET ADDRESS (If outside, give location) 303 Church Street			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ernest Middle Leander Last Peace				4. DATE OF DEATH Month June Day 20 Year 1959				
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 2, 1926		9. AGE (In years last birthday) 32		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Air Force		10b. KIND OF BUSINESS OR INDUSTRY Military		11. BIRTHPLACE (City and state or country) Durham, North Carolina		12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME Deceased				14. MOTHER'S MAIDEN NAME Bessie Thompson				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Apr 20, 56-Jun 20, 59		16. SOCIAL SECURITY NO. 243-32-1130		17. INFORMANT Address Military Records, Whiteman AFB, 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) Acute pulmonary edema							INTERVAL BETWEEN ONSET AND DEATH Instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute cardiac arrest							Instant	
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Recent stab wound of abdomen							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Stabbed with a knife by another person					
20c. TIME OF INJURY Hour 2:00 a. m. xxx Month, Day, Year Jun 20, 59								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 511 N Water St		20f. CITY, TOWN, OR LOCATION Warrensburg, Missouri		COUNTY STATE		
21. I attended the deceased from 4:00 am to 6:22 am and last saw xxx him alive on June 20, 1959 Death occurred at 6:22 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE George J. Krisher Jr. Degree or title CAPT USAF (MC)				22b. ADDRESS USAF Hospital Whiteman AF Base, Missouri			22c. DATE SIGNED Jun 20, 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-21-59	23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) (State) Chapel Hill, North Carolina			
24. FUNERAL DIRECTOR The Brauningers, Warrensburg, Missouri				25. DATE RECD. BY LOCAL REG. 6/21/59		26. REGISTRAR'S SIGNATURE Erma L. Beatty		

(Licensed Embalmer's Statement on Reverse Side)

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..... 

Licensed Embalmer No: 4092

P. O. Address 

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.