

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029600

FILED VS AUG 24 1959 66

Registration District No. 66 Primary Registration District No. 5605 Registrar's No. 25

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u> </u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Township</u>		Length of stay in 1b <u> </u>	c. CITY OR TOWN <u>LaMonte</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>USAF Hospital, Whiteman AFB, Missouri</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route #1</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ricky</u> Middle <u>Dean</u> Last <u>Garner</u>			4. DATE OF DEATH Month <u>August</u> Day <u>15</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>13 Aug 59</u>	9. AGE (last birthday) IF UNDER 1 YEAR Months <u> </u> Days <u>1</u>	IF UNDER 24 HR Hours <u>23</u> Min. <u>50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u> </u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>		11. BIRTHPLACE (City and state or country) <u>USAF Hospital Whiteman AFB, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>US</u>
13a. FATHER'S NAME <u>Richard D Garner</u>		13b. MOTHER'S MAIDEN NAME <u>Regina K Cloyd</u>		14. NAME OF HUSBAND OR WIFE <u> </u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u> </u>		16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT Address <u>Richard D Garner LaMonte, Missouri</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral anoxia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Infantile Otelectasis</u> DUE TO (c) <u>Prematurity</u>					INTERVAL BETWEEN ONSET AND DEATH <u> </u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input 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.) <u> </u>	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m.	Month, Day, Year <u> </u>		20d. INJURY OCCURRED WHILE AT WORK <input 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.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u> </u>		COUNTY <u> </u>	STATE <u> </u>
21. I attended the deceased from <u>13 August 1959</u> to <u>15 August 1959</u> and last saw him alive on <u>15 August 1959</u> Death occurred at <u>4:20</u> <u>am</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Maurice L. Peters Jr. M.D.</u>			22b. ADDRESS <u>USAF Hospital Whiteman Air Force Base, Missouri</u>		22c. DATE SIGNED <u>15 Aug 59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u> </u>	23b. DATE <u> </u>	23c. NAME OF CEMETERY OR CREMATORY <u> </u>		23d. LOCATION (City, town, or county) (State) <u> </u>	
24. FUNERAL DIRECTOR <u>USAF Hosp., Whiteman Air Force Base</u>		ADDRESS <u> </u>		25. DATE RECD. BY LOCAL REG. <u>Aug 17-1959</u>	26. REGISTRAR'S SIGNATURE <u>Thomas L. Beatty</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USAF Hospital, Whiteman Air Force Base, Missouri acted as funeral director

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

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.