RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–029604

STATE FILE NUMBER

FILED VS AUG 31 1959 66

Registration District No. 66 Primary Registration District No. 5605 Registrar's No. 28.

IDED

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township — Length of stay in 1b —
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whiteman AF Base, Missouri — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE — b. COUNTY —
c. CITY OR TOWN — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Lisa Middle Ann Last McOnie

4. DATE OF DEATH Month August Day 27 Year 1959

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Aug 26, 59

9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours 5 Min. 58

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) USAF Hospital Whiteman AFB, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Iain McOnie

13b. MOTHER'S MAIDEN NAME Lillian Evelyn Faure

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT Lillian E McOnie, Gen Del, Address Knob Noster, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Prematurity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ —

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

20f. CITY, TOWN, OR LOCATION COUNTY STATE —

21. I attended the deceased from August 26, 1959, to August 27, 1959 and last saw her alive on August 27, 1959
Death occurred at 1:43 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Maurice L Peter Jr M.D.

22b. ADDRESS USAF Hospital Whiteman AF Base, Missouri

22c. DATE SIGNED Aug 27, 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8-31-59

23c. NAME OF CEMETERY OR CREMATORY Knob Noster Cemetery

23d. LOCATION (City, town, or county) (State) Knob Noster, Missouri

24. FUNERAL DIRECTOR ADDRESS The Brauningers, Warrensburg, Missouri

25. DATE RECD. BY LOCAL REG. Aug 28-59

26. REGISTRAR'S SIGNATURE Erma L Beatty

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard T. M. Elo

Signature of Student Embalmer

Licensed Embalmer No. 5182

P. O. Address Warren

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.