

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040744

FILED VS NOV 30 1959

STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 36

INDEXED

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|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Johnson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Washington | | Length of stay in 1b 14 Hrs 51mins | c. CITY OR TOWN Sedalia 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 Air Force Base, Mo | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1321 South Carr Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Charles Middle Wayne Last Atwater Jr | | | 4. DATE OF DEATH Month November Day 26 Year 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 Nov 25, 59 |
| 9. AGE (last birthday) Months 14 Days 14 Hours 51 Min. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USAF Hospital | |
| 10b. KIND OF BUSINESS OR INDUSTRY - | | 11. BIRTHPLACE (City and state or country) Whiteman AFB, Mo | |
| 12. CITIZEN OF WHAT COUNTRY U.S. | | 13a. FATHER'S NAME Charles W Atwater | |
| 13b. MOTHER'S MAIDEN NAME Vera L Monroe | | 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 Charles W Atwater | | Address 1321 S Carr Sedalia, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Immaturity DUE TO (c) Prematurity | | | INTERVAL BETWEEN ONSET AND DEATH 14 hrs 51mins |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) | |
| 20c. TIME OF INJURY Hour 3:52 a.m. 26 Month, Day, Year 1959 | 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.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
| 21. I attended the deceased from November 25, 1959 to November 26, 1959 and last saw him alive on November 26, 1959 Death occurred at 3:52 a.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Richard J. Kestelholz MD | | 22b. ADDRESS USAF Hospital Whiteman Air Force Base, Mo | 22c. DATE SIGNED 26 Nov 59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE Nov-28-1959 | 23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY | 23d. LOCATION (City, town, or county) (State) SEDALIA MO |
| 24. FUNERAL DIRECTOR D.W. HECKART, Sedalia, Mo | | 25. DATE RECD. BY LOCAL REG. 27 Nov 59 | 26. REGISTRAR'S SIGNATURE Terma L. Beatty |

DOCUMENT

MEDICAL CERTIFICATION

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 _____
Signature of Student Embalmer

Signed D. L. Shaffer

Licensed Embalmer No. 5063
P. O. Address Salalia, 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.