# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-041238
STATE FILE NUMBER

FILED VS NOV 23 1959

Registration District No. 274 Primary Registration District No. ~~30-52~~ Registrar's No. 374

MENDED

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Green Ridge — Length of stay in 1b: Transit
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 5 miles north of Windsor, Missouri — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First: Edgar Middle: Last: Jodoin
4. DATE OF DEATH: Month: November Day: 17 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 27 Jul 24
9. AGE (last birthday): 35 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

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): Unknown
12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: Edgar Jodoin
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Dorothy F Jodoin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes Present
16. SOCIAL SECURITY NO.: 027-18-0775
17. INFORMANT — Address: Military Records, McConnell AFB, Kan

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, multiple, extreme — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Aircraft accident
DUE TO (c):
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.) U.S. Air Force aircraft crashed while on a training flight near Windsor, Missouri
20c. TIME OF INJURY: Hour a.m. p.m. 3:31 Month, Day, Year 11 17 59
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.): Country
20f. CITY, TOWN, OR LOCATION: 5 miles north of Windsor, Missouri — COUNTY — STATE

21. I ~~attended the~~ Viewed deceased ~~from~~ on 17 Nov 59, to - and last saw her/him alive on -
Death occurred at 3:31 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Daniel J. Sprehe
DANIEL J SPREHE, CAPT USAF (MC)
22b. ADDRESS: USAF Hospital Whiteman Air Force Base, Missouri
22c. DATE SIGNED: 11-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify): 11-21-59 Removal
23b. DATE: 11-21-59
23c. NAME OF CEMETERY OR CREMATORY: Webster Cemetery
23d. LOCATION (City, town, or county) (State): Webster, Mass

24. FUNERAL DIRECTOR — ADDRESS: The Brauningers, Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG.: 11-21-1959
26. REGISTRAR'S SIGNATURE: Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard F. Meslow

Signature of Student Embalmer

Licensed Embalmer No. 4825

P. O. Address Warren

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