

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041240

FILED VS NOV 23 1959

274

Registration District No. _____ Primary Registration District No. *3052*

3052

Registrar's No. *372*

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Pettis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY _____		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Green Ridge		Length of stay in 1b Transit	c. CITY OR TOWN Wichita		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 5 miles north of INSTITUTION Windsor, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4339 E Baylay		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last James Henry Redmond			4. DATE OF DEATH Month Day Year November 17, 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug 6, 38	9. AGE (last birthday) 21	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 U. S.	
13a. FATHER'S NAME Deceased		13b. MOTHER'S MAIDEN NAME Marie C Redmond		14. NAME OF HUSBAND OR WIFE Marilyn A Redmond	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes at present		16. SOCIAL SECURITY NO. 112-28-7866	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. <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 checked="" 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.S. Air Force aircraft crashed while on a		
20c. TIME OF INJURY 3:31	Hour Month, Day, Year Nov 17, 59	training flight near Windsor, Missouri			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Country	20f. CITY, TOWN, OR LOCATION 5 miles north of Windsor, Missouri	COUNTY _____	STATE _____	
21. 18 The deceased was on Nov 17, 59 , to _____ and last saw her him 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 (In case of title) Daniel J. Serehe DANIEL J SEREHE, USAF Capt (MC)			22b. ADDRESS USAF Hospital Whiteman Air Force Base, Missouri		22c. DATE SIGNED 11-21-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-21-59	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Bay Shore, New York		
24. FUNERAL DIRECTOR The Brauntingers Warrensburg, Missouri		ADDRESS _____	25. DATE RECD. BY LOCAL REG. 11-21-1959	26. REGISTRAR'S SIGNATURE Francis Sheely	

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard Y. Traylor

Licensed Embalmer No. 4825
P. O. Address Warrens

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.