

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

FILED VS NOV 23 1959

59-041241

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3057 Registrar's No. 371

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Green Ridge</b>		Length of stay in 1b <b>Transit</b>	c. CITY OR TOWN <b>Wichita</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5 miles north of Windsor, Missouri</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>709 Apache</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>Lee</b> Last <b>Westrup</b>			4. DATE OF DEATH Month <b>November</b> Day <b>17</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jun 13, 35</b>	9. AGE (last birthday) <b>24</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Air Force</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Military</b>	11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
13a. FATHER'S NAME <b>Deceased</b>		13b. MOTHER'S MAIDEN NAME <b>Grace Westrup</b>		14. NAME OF HUSBAND OR WIFE <b>Carolyn J Westrup</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes at present</b>		16. SOCIAL SECURITY NO. <b>514-32-3015</b>		17. INFORMANT Address <b>Military Records, McConnell AFB, Kan</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Injuries, multiple, extreme</b> DUE TO (b) <b>Aircraft accident</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
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.) <b>U.S. Air Force aircraft crashed while on a</b>			
20c. TIME OF INJURY Hour <b>3:31</b> p.m. Month, Day, Year <b>Nov 17, 59</b>		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.) <b>Country</b>	20f. CITY, TOWN, OR LOCATION <b>5 miles north of Windsor, Missouri</b>		
21. I <del>viewed</del> the deceased <b>viewed</b> on <b>17 Nov 59</b> , to _____ and last saw her <sup>him</sup> alive on _____ Death occurred at <b>3:31</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Daniel J. Sprehe</b> <b>DANIEL J SPREHE, USAF Capt (MC)</b>			22b. ADDRESS <b>USAF Hospital</b> <b>Whiteman Air Force Base, Missouri</b>		22c. DATE SIGNED <b>11-20-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11-20-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lyons Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Lyons, Kansas</b>	
24. FUNERAL DIRECTOR <b>The Brauningers</b>		ADDRESS <b>Warrensburg, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>11-21-1959</b>	26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 13 1960

VS DEC 26 1959

**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 J. McDonnell*

Licensed Embalmer No. 4825

P. O. Address Warren

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.