

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014605

FILED VS APR 18 1960

STATE FILE NUMBER

Registration District No. 74 Primary Registration District No. 5295 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Shawnee</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Concord Twp.</u>		c. CITY OR TOWN <u>Topeka</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>Forbes Air Force Base</u>	

3. NAME OF DECEASED (Type or print) First <u>Wayne</u> Middle <u>Francis</u> Last <u>Wellman</u>			4. DATE OF DEATH Month <u>April</u> Day <u>13</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-4-1933</u>	9. AGE (last birthday) <u>26</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U.S.A.S.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and state or country) <u>Chicago Ill.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Bigglow</u>	13b. MOTHER'S MAIDEN NAME <u>Leone Wellman</u>	14. NAME OF HUSBAND OR WIFE <u>Peggy Irene Wellman</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>At time of death</u>	16. SOCIAL SECURITY NO. <u>389-28-5260</u>	17. INFORMANT <u>Military Records</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>plane crash</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b)		
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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY <u>1:15</u> <u>PM</u> <u>4 13 60</u>
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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.) <u>military service</u>	20f. CITY, TOWN, OR LOCATION <u>Clinton, Mo.</u>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at 1:15 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Edward Hanna, D.O., Coroner</u>	22b. ADDRESS <u>Lehrman, Mo.</u>	22c. DATE SIGNED <u>4-14-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-16-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>	23d. LOCATION (City, town, or county) (State) <u>Salina Kansas</u>
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24. FUNERAL DIRECTOR <u>Lyon Funeral Home Inc. Plattsburg Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-16-1960</u>	26. REGISTRAR'S SIGNATURE <u>Mary W Seearce</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 18 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>was not</sup> ~~was~~ embalmed by

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Phillip E. Cox

Licensed Embalmer No. 4993

P. O. Address Blanching, 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.