

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019914

FILED VS MAY 23 1960 / 66

Registration District No. _____ Primary Registration District No. 5605 Registrar's No. 8 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u>		Length of stay in 1b <u>7 Months</u>		c. CITY OR TOWN <u>Chicago</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>USAF Hospital, Whiteman AFB, Mo</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3145 South Union</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Brian</u> Middle <u>Emmett</u> Last <u>Egan</u>				4. DATE OF DEATH Month <u>May</u> Day <u>17</u> Year <u>1960</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>May 30 38</u>	9. AGE (last birthday) <u>21</u>	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) <u>USAF</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Chicago, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		
13a. FATHER'S NAME <u>Emmett F Egan</u>			13b. MOTHER'S MAIDEN NAME <u>Ann (maiden name unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes present</u>			16. SOCIAL SECURITY NO. <u>332-30-3054</u>		17. INFORMANT Address <u>Official USAF Records, Whiteman AFB, Mo</u>				
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>Large cerebral concussion, subarachnoid hemorrhage, and marked cerebral edema, with sub-uncal herniation, left, and compression of vital centers</u> DUE TO (b) <u>Extensive basalar skull fracture</u> DUE TO (c) <u>Trauma</u> 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							INTERVAL BETWEEN ONSET AND DEATH		
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>Lost control of automobile, left road and hit a tree.</u>					
20c. TIME OF INJURY <u>9:25</u>		Hour _____ Month, Day, Year <u>May 17 60</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Park Road</u>		20f. CITY, TOWN, OR LOCATION <u>Knob Noster State Park, Johnson, Missouri</u>		COUNTY		STATE	
21. I attended the deceased from <u>9:45 p.m.</u> to <u>11:20 p.m.</u> and last saw him alive on <u>May 17, 1960</u> Death occurred at <u>11:20</u> <u>p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Richard G Kettelkamp</u> (name or title) <u>RICHARD G KETTELKAMP M.D.</u>				22b. ADDRESS <u>USAF Hospital</u> <u>Whiteman AFB, Missouri</u>			22c. DATE SIGNED <u>May 18 60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>May 19th, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Chicago, Illinois</u>		23d. LOCATION (City, town, or county) <u>Chicago, Illinois</u>			(State)	
24. FUNERAL DIRECTOR ADDRESS <u>The Brauningers, Warrensburg, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>May 19-60</u>		26. REGISTRAR'S SIGNATURE <u>Erma L. Beatty</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 26 1960

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 W. A. B. Saunders

Licensed Embalmer No. 5377

P. O. Address Warren, Pa.

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