

UNITED STATES DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026187

FILED VS. AUG. 3 1960 59

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 135

ENDED

1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt Pleasant Township		Length of stay in 1b 1/2 Day		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 328th USAF Hospital RichardsGebaur AFB, Mo.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3157 Pennsylvania	
3. NAME OF DECEASED (Type or print) First JEFFERY Middle SCOTT Last HONEYCUTT				4. DATE OF DEATH Month July Day 26 Year 1960			
5. SEX Male		6. COLOR OR RACE Cau		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 28 Nov 1959	
9. AGE (last birthday) —		IF UNDER 1 YEAR Months 7 Days 29		IF UNDER 24 HR Hours — Min. —		11. BIRTHPLACE (City and state or country) Kansas City, Mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NA				10b. KIND OF BUSINESS OR INDUSTRY NA		12. CITIZEN OF WHAT COUNTRY United States	
13a. FATHER'S NAME Billy R. Honeycutt				13b. MOTHER'S MAIDEN NAME Mary Anne Deveney		14. NAME OF HUSBAND OR WIFE NA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. NA		17. INFORMANT Mary Ann Honeycutt vania, Kansas City, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation							INTERVAL BETWEEN ONSET AND DEATH 10 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aspiration							10 Min
DUE TO (c) Second Degree Burns, 30% of body area							
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 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.) 123			
20c. TIME OF INJURY Hour — a.m. — p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input 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.)		20f. CITY, TOWN, OR LOCATION 123		COUNTY STATE	
21. I attended the deceased from 26 July 1960 , to 26 July 1960 and last saw him alive on 26 July 1960 Death occurred at 5:20 P on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) WARREN W. KOONTZ, Capt., USAF, MC				22b. ADDRESS 328th USAF Hospital Richards-Gebaur AFB, Mo.		22c. DATE SIGNED 26 Jul 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-27-60		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. July 28 1960		26. REGISTRAR'S SIGNATURE Mrs. Ray Sebee	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 8 1960

STATEMENT BY LICENSED EMBALMER

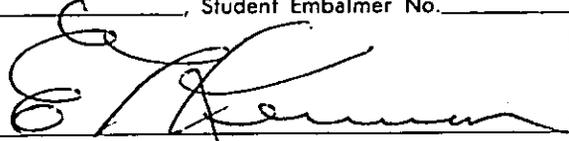
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 463

P. O. Address A. E. J. Co.

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.