

FEDERAL BUREAU OF INVESTIGATION
FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027448

FILED VS JUL 25 1960

164

Registration District No. 3032

Registrar's No. 89

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Johnson b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warrensburg Township Length of stay in 1b -		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Indiana b. COUNTY Miami c. CITY OR TOWN Convere Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 miles northeast of Warrensburg, Mo Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 107 North Madison Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle W. Last Moorman			4. DATE OF DEATH Month July Day 16 Year 1960
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2 Aug 1938 10/24/1900
9. AGE (last birthday) 21		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USAF		10b. KIND OF BUSINESS OR INDUSTRY Military	11. BIRTHPLACE (City and state or country) Grant County, Indiana
12. CITIZEN OF WHAT COUNTRY US		13a. FATHER'S NAME Loris L Moorman	
13b. MOTHER'S MAIDEN NAME Doris E Roth		14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Present		16. SOCIAL SECURITY NO. 309-40-5402	17. INFORMANT Richards- Address Official USAF Records Gebaur AFB, 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) Acute pulmonary edema, bilateral DUE TO (b) Massive cerebral contusion and shearing trans- action of the medulla oblongata DUE TO (c) Extensive basalar fracture of the skull with marked displacement of fragments Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease conditions given in PART I (a) Multiple fractures, lacerations, and contusions of the trunk and extremities			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.) Involved in an Aircraft accident	
20c. TIME OF INJURY Hour 6:50 Month, Day, Year Jul 16 60		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Country	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION 7 miles northeast of Warrensburg, Mo	COUNTY Johnson STATE Missouri
21. I attended the deceased from 6:50 on 16 July 1960 at his home Death occurred at 6:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) S A CHEESEMAN M.D.		22b. ADDRESS USAF Hospital, Whiteman Air Force Base, Mo	22c. DATE SIGNED 17 Jul 60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 18th 1960	23c. NAME OF CEMETERY OR CREMATORY Swaze, Indiana.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR The Brauningers, Warrensburg, Mo		25. DATE RECD. BY LOCAL REG. July 17, 1960	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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

Student _____
Signature of Student Embalmer

Signed Jimmy S. Hucherson
Licensed Embalmer No. 4092

P. O. Address Warrenburg

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