

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 1960

-60-027601

Registration District No. 002 Primary Registration District No. _____ Registrar's No. 36 STATE FILE NUMBER

| | | | |
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| 1. PLACE OF DEATH a. COUNTY Maries | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Kankakee | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vichy | | Length of stay in 1b Trans. | c. CITY OR TOWN Kankakee Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 Mile East National Airport. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1178 Gregg Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|----------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) First BILLY Middle RALPH Last OTT | | | 4. DATE OF DEATH Month July Day 26 Year 1960 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6-23-34 | 9. AGE (last birthday) 26 | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor | | 10b. KIND OF BUSINESS OR INDUSTRY Building | 11. BIRTHPLACE (City and state or country) Yellville, Ark. | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Lester Ott | | 13b. MOTHER'S MAIDEN NAME (Not available) | | 14. NAME OF HUSBAND OR WIFE Gloria Ott. | |

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| 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. nn 430-56-7154 | 17. INFORMANT Paul Leathers, Kankakee, Ill. | Address |
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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) Multiple Compound Fractures of skull Fracture of Cervical & Lumbar Vertebrae | | Instant. |
| Multiple Fractures of Mandible Compound Fracture of Pelvis and both lower limbs. | | |
| DUE TO (c) Aeroplane Crash. | | |
| 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 SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Plane crashed in open field, during heavy fog at night, during attempted landing. |
| 20c. TIME OF INJURY Hour 2:15 AM/PM AM Month, Day, Year 7-26-60 | | |

| | | | | |
|---|---|--|-------------------------|----------------------|
| 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.) Farm east of National Airport. | 20f. CITY, TOWN, OR LOCATION Vichy | COUNTY Maries | STATE Mo., |
|---|---|--|-------------------------|----------------------|

21. I attended the deceased from _____ to _____ and last saw him **Dead July 26, 1960**
Death occurred at **Approx. 2:15 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

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|--|-------------------------------------|---|-------------------------------------|
| 22a. SIGNATURE <i>McP. Birmingham</i> | (Degree or title) Colonel | 22b. ADDRESS Vienna, Missouri | 22c. DATE SIGNED 67-26-60 |
|--|-------------------------------------|---|-------------------------------------|

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|---|----------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE July 27 1960 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens | 23d. LOCATION (City, town, or county) (State) Kankakee, Illinois. |
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|---|---------|---|---|
| 24. FUNERAL DIRECTOR Null & Son Funeral Home..Rolla | ADDRESS | 25. DATE RECD. BY LOCAL REG. July 27-1960 | 26. REGISTRAR'S SIGNATURE <i>Moyle Hutchison</i> |
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

AUG 4 1960

AUG 9 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

S. E. Miller

Licensed Embalmer No. 3397

P. O. Address Rolla, Mo

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