

# MISSOURI DIVISION OF HEALTH AND WELFARE - STANDARD CERTIFICATE OF DEATH

**-61-043901**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 59 Primary Registration District No. \_\_\_\_\_ Registrar's No. 210

**FILED DEC 27 1961**

1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt Pleasant Township</u>		Length of stay in 1b <u>D</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 1 1/2 miles So, Main Runway INSTITUTION <u>Richards-Gebaur AFB, Mo.</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1811 Hardesty Avenue</u>	
3. NAME OF DECEASED (Type or print) First <u>Dale</u> Middle <u>Russell</u> Last <u>Willert</u>			4. DATE OF DEATH Month <u>December</u> Day <u>19</u> Year <u>1961</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau</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>15 Jun 38</u>	9. AGE (last birthday) <u>23</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>USAF</u>		11. BIRTHPLACE (City and state or country) <u>Crookston, Minnesota</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Kenneth A. Willert</u>			13b. MOTHER'S MAIDEN NAME <u>Vera S. Barr</u>		14. NAME OF HUSBAND OR WIFE <u>Donna S. Willert</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>1 Oct 61 - 19 Dec 61</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Registrar</u> Address <u>328th USAF Hosp, Richards-Gebaur AFB, Mo</u>		
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 <u>Immediate</u>	
IMMEDIATE CAUSE (a) <u>Injuries, multiple, extreme</u>							
DUE TO (b) <u>aircraft accident</u>							
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	
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.) <u>Aircraft Accident</u>			
20c. TIME OF INJURY Hour <u>1:50</u> a.m. _____ p.m. _____ Month, Day, Year <u>Dec 19, 61</u>		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>1 1/2 mi So Main Runway</u>		20f. CITY, TOWN, OR LOCATION <u>Belton</u> COUNTY <u>Cass</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>19 December 1961</u> to <u>19 December 61</u> and last saw <sup>xxx</sup> him alive on _____ Death occurred at <u>1:50 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Glenn Cummings</u> (Degree or title) <u>GLENN CUMMINGS, Cass County Coroner</u>				22b. ADDRESS <u>Harrisonville, Missouri</u>		22c. DATE SIGNED <u>20 Dec 61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Dec. 19, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Raytown, Mo.</u>	
24. FUNERAL DIRECTOR <u>Langsford Funeral Home, Lee's Summit Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>DEC. 23, 1961</u>		26. REGISTRAR'S SIGNATURE <u>Ray G. Schaefer</u>	

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 4 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed *N. B. Langford*

Licensed Embalmer No. *7962*

P. O. Address *Leicester*

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.