

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**62-002433**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 2

**FILED JAN 29 1962**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Johnson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>                   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Washington - <sup>Surf</sup> Whiteman AF Base</u>   |  | Length of stay in 1b<br><u>21 days</u>  | c. CITY OR TOWN <u>Sedalia</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>USAF Hospital, Whiteman AFB Mo</u>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>2405 Margaret Avenue</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Gordon</u> Middle <u>Ray</u> Last <u>Tremble, Jr.</u>   |  | 4. DATE OF DEATH<br>Month <u>January</u> Day <u>19</u> Year <u>1962</u>   |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>10 Apr 61</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>--</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>--</u>  | 9. AGE (last birthday)<br><u>--</u><br>IF UNDER 1 YEAR<br>Months <u>9</u> Days <u>9</u> Hours <u>0</u> Min. <u>0</u><br>IF UNDER 24 HR<br>Hours <u>0</u> Min. <u>0</u> |
| 11. BIRTHPLACE (City and state or country)<br><u>Whiteman AFB, Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>United States</u>   |  |
| 13a. FATHER'S NAME<br><u>Gordon Ray Tremble, Sr.</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Loreido Fox</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>--</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |  | 16. SOCIAL SECURITY NO.<br><u>--</u>  | 17. INFORMANT<br><u>Gordon R. Tremble, Sr.</u> Address <u>2405 Margaret Ave, Sedalia, Mo</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Asphyxia</u>   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 minutes</u>   |
| DUE TO (b) <u>Aspiration atelectasis</u>  |  |   | <u>5 minutes</u>   |
| DUE TO (c) <u>Congenital Tracheomalacia</u>   |  |   | <u>9 months</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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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.)  |  |
| 20c. TIME OF INJURY<br>Hour <u>12:50</u> a.m. <u>A</u> Month, Day, Year <u>29 December 1961</u> to <u>19 January 1962</u>   |  |   |  |
| 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.)<br><u>USAF Hospital</u> | 20f. CITY, TOWN, OR LOCATION<br><u>Whiteman AFB, Missouri</u> COUNTY STATE  |  |
| 21. I attended the deceased from <u>29 December 1961</u> to <u>19 January 1962</u> and last saw him <u>alive</u> on <u>19 January 1962</u><br>Death occurred at <u>12:50 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. SIGNATURE<br><u>Joe R. Utley, M.D.</u> (Degree or title)   |  | 22b. ADDRESS<br><u>USAF Hospital</u><br><u>Whiteman AFB, Missouri</u>   | 22c. DATE SIGNED<br><u>19 Jan 62</u>   |
| 23a. BURIAL CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>1/22/62</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Knobnoster Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Knobnoster, Missouri</u>   |
| 24. GENERAL DIRECTOR<br><u>Wm. Ewing</u> ADDRESS<br><u>Sedalia, Mo.</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>1-22-62</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Erma L. Beatty</u>   |

**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

*R. E. Baker*

Licensed Embalmer No. 2419

P. O. Address Sedalia Mo

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.