

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019391

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 12

FILED MAY 21 1962

VS 300
Rev. 4/59

10510

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE New York b. COUNTY Kings	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Sup.		Length of stay in 1b 18 months	c. CITY OR TOWN Brooklyn
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION USAF Hospital Whiteman AFB Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 342 Central Avenue
3. NAME OF DECEASED (Type or print) First Joseph Middle - Last Palagonia		4. DATE OF DEATH Month May Day 15 Year 1962	
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 17 May 42
9. AGE (last birthday) 20		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) Military		10b. KIND OF BUSINESS OR INDUSTRY USAF	11. BIRTHPLACE (City and state or country) Brooklyn, New York
12. CITIZEN OF WHAT COUNTRY U.S.		13. FATHER'S NAME Alfonso Palagonia	
13b. MOTHER'S MAIDEN NAME Theresa Ress		14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Present		16. SOCIAL SECURITY NO. -	
17. INFORMANT Military Records, Whiteman AFB, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary edema and asphyxiation Inhalation of heat, smoke and fumes due to fire Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) With extensive burns of head, trunk and extremities DUE TO (c) ties			INTERVAL BETWEEN ONSET AND DEATH
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 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.) Explosion of aircraft fuel tanks	
20c. TIME OF INJURY Hour 1600 Month, Day, Year MAY 15-62			
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.) Flight-Line	20f. CITY, TOWN, OR LOCATION Whiteman AFB, Missouri	COUNTY STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. NAME OF REGISTRAR (Print name and title) Joseph D Mc Geary LT COL MD		22b. ADDRESS USAF Hospital Whiteman AFB, Missouri	22c. DATE SIGNED 16 May 62
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried Removal	23b. DATE 5/17/62	23c. NAME OF CEMETERY OR CREMATORY National Cemetery Long Island, N.Y.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Sweeney-Phillips, Warrensburg, Mo.		25. DATE RECD. BY LOCAL REG. May 16-62	26. REGISTRAR'S SIGNATURE <i>Euna L. Beatty</i>

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSOURI

DEPARTMENT OF HEALTH

HEALTH SERVICE DIVISION

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STATEMENT BY LICENSED EMBALMER

HEALTH SERVICE DIVISION

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 J. Earl Breal

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.