

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019393

STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 10

FILED MAY 21 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		c. CITY OR TOWN Whiteman AFB	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Flight Line Whiteman AFB Mo		d. STREET ADDRESS (If outside, give location) 209 Schilling Lane	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Paul Middle Eugene Last Ralls			4. DATE OF DEATH Month May Day 15 Year 1962
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 16 Mar 27
9. AGE (last birthday) 35		IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Firechief		10b. KIND OF BUSINESS OR INDUSTRY Fire Department	11. BIRTHPLACE (City and state or country) Deerfield, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Editha Joan Ralls	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		17. INFORMANT Address Whiteman AFB, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Incineration		INTERVAL BETWEEN ONSET AND DEATH Immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Blat concussion			
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.) Explosion of aircraft fuel tanks	
20c. TIME OF INJURY Hour 1600 Month, Day, Year May 15, 62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Flight-Line		
20e. CITY, TOWN, OR LOCATION Whiteman AFB	COUNTY Johnson	STATE Missouri	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Gerald L. Kanedel MD		22b. ADDRESS USAF Hospital Whiteman AFB, Missouri	22c. DATE SIGNED 16 May 62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-17-62	23c. NAME OF CEMETERY OR CREMATORY Floral Hill's	23d. LOCATION (City, town, or county) Kansas City, Missouri
24. FUNERAL DIRECTOR Sweeney Phillips, Warrensburg, Mo.		25. DATE RECD. BY LOCAL REG. May 16 - 62	26. REGISTRAR'S SIGNATURE Erma L. Beatty

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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 J. Earl Priest

Licensed Embalmer No. 3828

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.