

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

No. 29

-62-019897

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 291

Primary Registration District No.

Registrar's No. 58

STATE FILE NUMBER

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY

Putnam

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Rural Union Twp.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Unionville, Missouri

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

California

b. COUNTY

admission)

c. CITY

OR TOWN Redondo Beach

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1100 Esplanade

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Roger

Dean

Allen

4. DATE OF DEATH

Month

Day

Year

May

22

1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/4/29

9. AGE (last birthday)

32

IF UNDER 1 YEAR

Months

Days

Hours

Min.

6

18

U. S.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Airline Pilot

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Colorado

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Rogers, R. Allen

13b. MOTHER'S MAIDEN NAME

Josephine Hughes

14. NAME OF HUSBAND OR WIFE

Jean A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

Korea

16. SOCIAL SECURITY NO.

524-34-4736

17. INFORMANT

Ellis Allen, Seneca, Colo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple injuries from plane crash

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

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.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Crash of flight 11 Second Officer

20c. TIME OF INJURY
Hour 9:45
p.m. Month, Day, Year 5/22/6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

on farm

20f. CITY, TOWN, OR LOCATION

Union Twp.

COUNTY

Putnam

STATE

Missouri

21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

Chas. J. Fiddo

(Degree) (title)

ADDRESS

Unionville, Missouri

22c. DATE SIGNED

5/24/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

REMOVAL

23b. DATE

5-24-62

23c. NAME OF CEMETERY OR CREMATOR

Seneca

23d. LOCATION (City, town, or county)

ARAPAHOE - FISHWOOD, Colo

24. FUNERAL DIRECTOR

Hugh L. Johnson

ADDRESS

Unionville, Mo

25. DATE RECD. BY LOCAL REG.

5-24-62

26. REGISTRAR'S SIGNATURE

Marshall Durkin

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0860

2 8040

3

4 0

5 1

6

7 1

8 1

9 861X

10 39

11 076

12 91-3

13 1-0

AUG 28 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 Hugh L. Johnson

Licensed Embalmer No. 3487

P. O. Address Centerville, Ia

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.