

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>5943</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>So. Dakota</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Spring Creek</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rapid City Air Force Base</u>		39	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 1/2 Mi. SW Edgar Springs</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Capt. Charles W. Richardson</u>		b. (Middle) _____		c. (Last) <u>AO 37951</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 30, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 13, 1918</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U. S. Air Force</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Richmond Va.,</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>No record</u>		13b. MOTHER'S MAIDEN NAME <u>No record</u>		14. NAME OF HUSBAND OR WIFE <u>No record</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>xx</u>		17. INFORMANT'S SIGNATURE OR NAME <u>U. S. Air Force Records</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Avulsions</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Plane Crash</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Plane crashed from an altitude approx. 7000 Ft. Cause Unknown</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> 39	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) - <u>Near Edgar Springs, Missouri</u>		21d. (COUNTY) (STATE) <u>Phelps Co</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>U. S. Air Force Plane Crash</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased dead xxx on <u>Mar. 31</u> , 19 <u>49</u> , and that death occurred at <u>7:10 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. P. Stoll</u>		(Degree or title) <u>Coroner of Phelps County</u>		23b. ADDRESS <u>Rolla, Missouri</u>		23c. DATE SIGNED <u>3/31/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/31/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Scott Field Air Base</u>		24d. LOCATION (City, town, or county) (State) <u>Belleville Illinois</u>	
DATE REC'D BY LOCAL REG. <u>4-9-49</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Pete Gardner</u>		ADDRESS <u>F.H. Belleville Ill.</u>	

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 4/12/49

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.