

FILED APR 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 199219

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 328 Registrar's No. 57

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Colombia, South America b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Bananquilla	
c. LENGTH OF STAY (in this place) 10 hrs		d. STREET ADDRESS (If rural, give location) Carrera 41 Casa 63-46	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION McCune-Brooks Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) ALFREDO	b. (Middle)	c. (Last) ORTEGA	4. DATE OF DEATH (Month) (Day) (Year) March 18, 1950
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5. SEX male	6. COLOR OR RACE So American	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept 7, 1932	9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student at Spartan Air School	10b. KIND OF BUSINESS OR INDUSTRY Air School	11. BIRTHPLACE (State or foreign country) So America	12. CITIZEN OF WHAT COUNTRY? So America
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13a. FATHER'S NAME Jose Ortega	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Jose Ortega Baranquilla, Colombia, So America
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SKULL FRACTURE		INTERVAL BETWEEN ONSET AND DEATH 10 HRS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy 71-9 mi north	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Preston twshp Jasper Mo
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21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY Mch 18 1950 6:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? head-on collision of 2 cars
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22. I hereby certify that I attended the deceased from Mch 18, 1950, to Mch 18, 1950, that I last saw the deceased alive on Mch 18, 1950, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Paul H. Danner M.D.	23b. ADDRESS Carthage, Mo.	23c. DATE SIGNED Mch 20-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Mch 24, 1950	24c. NAME OF CEMETERY OR CREMATORY unknown	24d. LOCATION (City, town, or county) (State) Tulsa, Oklahoma
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DATE REC'D BY LOCAL REG. 3/24/1950	REGISTRAR'S SIGNATURE L.B. Clinton M.D.	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Knell Mortuary Carthage, Mo.
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H.S. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-27-50

Jasper County Health Office

County File Number 50-3-213

Date Filed 3-31-50

FEB 4 1954

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

*Gene H. Parrent*

Student Embalmer No. 349

working under my personal supervision.

Student *Gene H. Parrent*  
Student Embalmer

Signed *Frank W. Knell*

Licensed Embalmer No. 4440

P. O. Address *Carthage*

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.