

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5407**

BIRTH NO. _____ REG. DIST. NO. 165 PRIMARY REG. DIST. NO. 5610 Registrar's No. 6

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|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| 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 OR TOWN Rural-Jefferson | c. LENGTH OF STAY (in this place) 3 Min. | c. CITY OR TOWN Pella Sedalia-ARB | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6 Mi. N.W., Windsor, Mo. | | STREET ADDRESS (If rural, give location) Sedalia Air Force Base 0510 | |

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|-------------------------------------------------|------------|--------------------------|--------------------------------|------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) JOHN | a. (First) | b. (Middle) (NMI) | c. (Last) VANDER KRAATZ | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1955 |
|-------------------------------------------------|------------|--------------------------|--------------------------------|------------------------------------------------------------|

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|--------------------|-------------------------------|-----------------------------------------------------------------------|--------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 30, 1926 | 9. AGE (In years last birthday) 28 | 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) Airman (T/Sgt.) | 10b. KIND OF BUSINESS OR INDUSTRY US Air Force | 11. BIRTHPLACE (City and State or Foreign Country) Pella, Iowa | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME John W. Vander Kraatz | 13b. MOTHER'S MAIDEN NAME Tena Not Given | 14. NAME OF HUSBAND OR WIFE Edna R. |
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|------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | (If yes, give war or dates of service) Jan. 11, 1952 | 16. SOCIAL SECURITY NO. 482-24-3198 | 17. INFORMANT'S SIGNATURE OR NAME Sedalia Air Force Base Records, Mo. | ADDRESS |
|------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------|---------|

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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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Injuries and Extensive burns as result of an | | INTERVAL BETWEEN ONSET AND DEATH Instant |
| | ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unavoidable airplane Crash | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E860X 39 | | |

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| 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 SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 051 |
|------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------|

| | | |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **2/23/55**, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE Kelly Drouillem | (Degree or title) M.D. Coroner | 23b. ADDRESS Holden, Missouri | 23c. DATE SIGNED 2/25/55 |
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|----------------------------------------------------------|-------------------------------|------------------------------------|------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Feb 25, 1955 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Pella, Iowa |
|----------------------------------------------------------|-------------------------------|------------------------------------|------------------------------------------------------------------|

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| DATE REC'D BY LOCAL REG. 2/26/1955 | REGISTRAR'S SIGNATURE Mamie O'Haaken | 25. FUNERAL DIRECTOR'S SIGNATURE Dev Wekart | ADDRESS Sedalia, Mo |
|-------------------------------------------|---------------------------------------------|----------------------------------------------------|----------------------------|

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

510
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ALBERTA
FEB 28 1955
ALBERTA
JOHNSON COUNTY

1955

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..... *D. W. Stekart*

Licensed Embalmer No. *34*

P. O. Address *Edmonton*

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.