

FILED NOV 13 1956

## STANDARD CERTIFICATE OF DEATH

State File No. 36842

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 370 6251 PRIMARY REG. DIST. NO. 370 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <b>Wayne</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Massachusetts</b> b. COUNTY <b>Middlesex</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural - Lake Wappapello</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Somerville</b>	
c. LENGTH OF STAY (in this place) <b>-</b>		d. STREET ADDRESS (If rural, give location) <b>87 Peichard Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>31 Miles Northwest of Malden Air Base, Missouri</b>			

3. NAME OF DECEASED (Type or Print) <b>Paul Richard Nolan</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 30 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>15 April 1936</b>	9. AGE (In years last birthday) <b>20</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student Pilot</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>USAF</b>	11. BIRTHPLACE (State or foreign country) <b>Boston, Massachusetts</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John A. Nolan</b>	13b. MOTHER'S MAIDEN NAME <b>Ethel M. Spaulding</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Enlisted 1 Jun 56</b>	16. SOCIAL SECURITY NO. <b>030-26-7301</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Persomel Officer, Malden Air Base, Mo.</b>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rupture of Brain</b>		
	ANTECEDENT CAUSES <b>Compound depressed skull and facial fractures</b>		
DUE TO (b) <b>and facial fractures</b>		<b>Sudden</b>	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <b>Multiple lacerations of organs and fractures of extremities.</b>		<b>Sudden</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Wappapello Lake</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Rural</b> (COUNTY) <b>Wayne</b> (STATE) <b>Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct. 30 1956</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Aircraft Accident</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1205p. m.**, from the causes and on the date stated above.

23. SIGNATURE <b>David G. Anderson</b> (Degree or title) <b>DR. DAVID G. ANDERSON, CAPT., USAF (MC) FS</b>	23b. ADDRESS <b>3305th USAF Dispensary Malden Air Base, Missouri</b>	23c. DATE SIGNED <b>31 Oct 56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Oct 31-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cambridge Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cambridge, Mass.</b>
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DATE REC'D BY LOCAL REG. <b>Oct. 31-56</b>	REGISTRAR'S SIGNATURE <b>Bretta M. Ward</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins &amp; Sons Funeral Home, Dexter, Mo.</b>	ADDRESS
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RECEIVED  
NOV 8 1956  
WAYNE CO. HEALTH CENTER  
FILE NO. \_\_\_\_\_

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 Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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