.S. No. 300
Rev. 10.48

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9199

BIRTH NO. 16194-57 REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5605 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington Township
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Whiteman AFB Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN: Warrensburg,
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 4II Tenth Terrace.

0512
0

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): William
c. (Last): Reading

4. DATE OF DEATH (Month) (Day) (Year): March 30 1957

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant 0
8. DATE OF BIRTH: Mar 26 1957
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 93 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (City and State or Foreign Country): W.A.F.B.Hospital, W.A.F.B., Mo. 0
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Ned A. Reading
13b. MOTHER'S MAIDEN NAME: Mary J McCallum
14. NAME OF HUSBAND OR WIFE: -

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.: -
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Hospital Records

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Premature, birth, Neonatal death — INTERVAL BETWEEN ONSET AND DEATH: 93hrs 15min

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: 7735
20. AUTOPSY? YES ☐ NO ☒ 2

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): -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: -

22. *I hereby certify that I attended the deceased from* 8:00 AM, 19 57, *to* 5:15 PM, 19 57, *that I last saw the deceased alive on* 30 March, 19 57, *and that death occurred at* 5:15 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): JACK R RABENBERG MD — Earl P. Batt 0 for J. Rabenberg
23b. ADDRESS: Whiteman AF Base, Missouri
23c. DATE SIGNED: 31Mar57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-2-57
24c. NAME OF CEMETERY OR CREMATORY: Meulhig Funeral Home,
24d. LOCATION (City, town, or county) (State): Ann Arbor, Michigan

DATE REC'D BY LOCAL REG.: 4/3/57
REGISTRAR'S SIGNATURE: Erma L. Beatty
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: R.A.Brauninger, Warrensburg, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 0

149
0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ~~me~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3377

P. O. Address Warrensburg, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.