

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41638

STATE FILE NUMBER

FILED NOV 27 1957

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JOHNSON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COFFEYTON CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Washington Sup.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ELLETT M. Hosp</u>				Length of stay in lb <u>1/2 hr.</u>		d. STREET ADDRESS (If outside, give location) <u>Whiteman A.F. Base</u>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>ARTHUR</u> Last <u>ORMOND</u>				4. DATE OF DEATH Month <u>Nov</u> Day <u>16</u> Year <u>57</u>			
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>9-4-38</u>	
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <u>19</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>12</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILITARY</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>USA 7</u>		11. BIRTHPLACE (City and state or country) <u>Unknown</u>	
13. FATHER'S NAME <u>John Patrick Ormond</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes March-Nov 57</u>				16. SOCIAL SECURITY NO. <u>372-36-7004</u>		17. INFORMANT <u>Air Force Records</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>SKULL FRACTURE</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART-I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>CAR ACCIDENT</u>					
20c. TIME OF INJURY Hour <u>7:00</u> a.m. <u>p.m.</u> Month <u>Nov.</u> Day <u>16</u> Year <u>1957</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>HIWAY</u>		20f. CITY, TOWN, OR LOCATION <u>MONROSE HENRY MO.</u>	
21. I attended the deceased from <u>Nov. 16 1957</u> to <u>same day</u> and last saw <u>him</u> alive on <u>Nov. 16 1957</u> Death occurred at <u>8:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Rabert H. Brauninger MD</u>				22b. ADDRESS <u>Appleton City Mo.</u>		22c. DATE SIGNED <u>Nov 17 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11-17-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>to warrensburg, Mo. then to Lakeview, Michigan, via Rail.</u>		23d. LOCATION (City, town, or county) (State) <u>MO.</u>	
24. FUNERAL DIRECTOR <u>RH Brauninger, Warrensburg Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Nov. 20-1957</u>		26. REGISTRAR'S SIGNATURE <u>Chas Abney</u>	

