

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-029875

STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 344

V. S. 300
 Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Pettis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia,</u>		c. CITY OR TOWN <u>Warrensburg,</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell Hospital,</u>		d. STREET ADDRESS (If outside, give location) <u>903 Clark St.</u>	
3. NAME OF DECEASED (Type or print) First <u>NOWELL</u> Middle <u>B.</u> Last <u>MORGENTHALER</u>		4. DATE OF DEATH Month <u>August</u> Day <u>23,</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 2, 1909</u>
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HRS Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Air Port Manager,</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wegener Air Port</u>	11. BIRTHPLACE (City and state or country) <u>Hallsville, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Morgenthaler,</u>	
13b. MOTHER'S MAIDEN NAME <u>Ruth Brink</u>		14. NAME OF HUSBAND OR WIFE <u>Marjorie Morgenthaler,</u>	
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 Address <u>Mrs. Marjorie Morgenthaler, Warrensburg, Mo.</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>6 1/2 Hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Aeroplane Crash,</u> DUE TO (c) <u>Accident</u>			<u>866X</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>39</u>			
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>Aeroplane Accident,</u>	
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a.m. <u>8-23-58</u> p.m. <u>3:00 P.M.</u>		August 23rd, 1958 at Three P.M.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Crash near St. Fair Grounds</u>	
20f. CITY, TOWN, OR LOCATION <u>Sedalia,</u>		COUNTY <u>Pettis</u> STATE <u>Missouri.</u>	
21. I attended the deceased from <u>8-23-1958</u> to <u>8-23-1958</u> and last saw <u>him</u> alive on <u>8-23-58</u> Death occurred at <u>9:25 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Karl A. Souser</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Sedalia, Missouri.</u>	
22c. DATE SIGNED <u>8-25-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-27-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery,</u>		23d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri.</u>	
24. FUNERAL DIRECTOR <u>R.A. Brauninger, Warrensburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>August 25-1958</u>	
26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

