

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001890

STATE FILE NUMBER

FILED FEB 2 1959

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Seward							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Liberal		8150 b Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whiteman AF Base			Length of stay in lb -		d. STREET ADDRESS 239 Lane 1 Blue Bonnet Court		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Jimmie Middle Cell Last Schull				4. DATE OF DEATH Month January Day 27 Year 1959							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 25, 1936		9. AGE (In years last birthday) 22			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Air Force		10b. KIND OF BUSINESS OR INDUSTRY Military		11. BIRTHPLACE (City and state or country) Liberal, Kansas		12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME William McMillan (Step-father)				14. MOTHER'S MAIDEN NAME Elsa C (Maiden name unknown)							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give year or dates of service) Yes Jan 54 - Jan 59		16. SOCIAL SECURITY NO. 514-32-8020		17. INFORMANT Address Military Records, Whiteman AFB, Missouri							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive hemotorax, bilateral, and hemopericardium Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Traumatic rupture of left auricle and trachea DUE TO (c) motor vehicle accident 8300 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 2.5 INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) Crushed between a fork lift and tail gate of a high lift truck.								
20c. TIME OF INJURY Hour 10:00 Month, Day, Year Jan 27, 59 P. M. P.M.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Base Supply Warehouse								
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION Whiteman AF Base, Johnson, Missouri			20g. COUNTY Johnson			20h. STATE Missouri		
21. I viewed the deceased viewed at 10:08 P.M. on Jan 27, 59 Death occurred at 10:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Richard C. Miller RICHARD C MILLER, Capt USAF (MC)				22b. ADDRESS USAF Hospital Whiteman Air Force Base, Mo				22c. DATE SIGNED I-28-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE I-29-59		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) Liberal, Kansas.		23e. (State)			
24. FUNERAL DIRECTOR The Brauntingers, Warrensburg, Missouri.				25. DATE RECD. BY LOCAL REG. Jan 29-59		26. REGISTRAR'S SIGNATURE Erma L. Beatty					

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.....

Licensed Embalmer No. 40

P. O. Address *Warren, Pa.*

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