

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025742

FILED VS JUL 20 1959

Registration District No. _____ Primary Registration District No. 166 Registrar's No. 5605 STATE FILE NUMBER 21

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington Township</u>		Length of stay in 1b -	c. CITY OR TOWN <u>North Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Whiteman AF Base, Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1025 Burlington</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Merrell</u> Middle <u>William</u> Last <u>Clements</u>			4. DATE OF DEATH Month <u>July</u> Day <u>13</u> Year <u>1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>23 Feb 1913</u>	9. AGE (last birthday) <u>46</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lineman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lineman</u>	11. BIRTHPLACE (City and state or country) <u>Lamar, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>US</u>
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13a. FATHER'S NAME <u>Otis Clements</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Moore Clements</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Bernice Clements</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>	16. SOCIAL SECURITY NO. -	17. INFORMANT <u>Edith Bernice Clements</u> Address _____
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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>Electrical Shock</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</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) -	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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>Was working on electric wires at Whiteman AFB,</u>
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20c. TIME OF INJURY <u>10:10 a.m.</u>	Month, Day, Year <u>July 13, 1959</u>	how is unknown to the workers watching him.
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Arnold Ave Pole C-14</u>	20f. CITY, TOWN, OR LOCATION <u>Whiteman AFB</u>	COUNTY <u>Johnson</u>	STATE <u>Missouri</u>
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21. I attended the deceased from <u>13 July 1959</u> to <u>13 July 1959</u> and last saw him alive on <u>13 July 1959</u>	
Death occurred at <u>10:30</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>Curt Douthett</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Whiteman AFB, Missouri</u>	22c. DATE SIGNED <u>13 July 59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-16-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lamar Cemetery,</u>	23d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri.</u>
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24. FUNERAL DIRECTOR <u>The Brauningers, Warrensburg, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>7/14/59</u>	26. REGISTRAR'S SIGNATURE <u>Carma L. Beatty</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

