

FILED VS OCT 14 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-031672

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5177 Registrar's No. 47

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Camden</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Camdenton Jackson Twp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Creve Coeur</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb minutes	d. STREET ADDRESS (If outside, give location) <b>19 Morwood Lane</b>
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Edward</b> Last <b>O'Brien</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>11</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 12, 1915</b>
9. AGE (In years last birthday) <b>44</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Air Line Pilot</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Aviation</b>	11. BIRTHPLACE (City and state or country) <b>Cedar Rapids, Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Guy Edwin O'Brien</b>	
13b. MOTHER'S MAIDEN NAME <b>Helen</b>		14. NAME OF HUSBAND OR WIFE <b>Joann F.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Missouri Air National Guard</b>		16. SOCIAL SECURITY NO. <b>480-03-9730</b>	17. INFORMANT <b>Joann F. O'Brien</b> Address <b>19 Morwood Lane Creve Coeur, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>COMPLETE DISINTERGRATION OF BODY BY TRAUMA.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>IMMEDIATE</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) _____ DUE TO (c) _____			<b>866X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>39</b>			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.) <b>AIR PLANE ACCIDENT</b>	
20c. TIME OF INJURY <b>2:30 p.m.</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>FARM</b>	
20e. CITY, TOWN, OR LOCATION <b>LINN CREEK</b>		20f. COUNTY STATE <b>CAMDEN MISSOURI</b>	
21. I attended the deceased <input checked="" type="checkbox"/> to _____ and last saw her/him alive on _____ Death occurred at <b>2:30 P</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Jack Stotler Sheriff - A.C.</b>		22b. ADDRESS <b>Camdenton, Mo.</b>	22c. DATE SIGNED <b>10-12-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>Oct. 12, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Louis Mortuary</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
24. PLACE OF FUNERAL <b>Hedges Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>Oct. 12, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Zilpha J. Inow</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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### 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 *Walter P. Sedges* .....

Licensed Embalmer No. 4265 .....  
P. O. Address *Herndon, Va.*

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