

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-036959**

**FILED VS OCT 27 1959**

Registration District No. 236

Primary Registration District No. 5819

Registrar's No. 29

STATE FILE NUMBER

MEMORIALIZED

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Shawnee</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>OSAGE</u>		Length of stay in 1b <u>Transit</u>		c. CITY OR TOWN <u>Topeka</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>16 M.S.E. Versailles</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Forbes v. F. B.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>2 St. Thomas</u> Middle <u>D.</u> Last <u>Uckley</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>21</u> Year <u>1959</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col.</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6-1936</u>		9. AGE (last birthday) <u>23</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Air Force</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Seattle, Washington U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY					
13a. FATHER'S NAME <u>Carroll C. Uckley</u>				13b. MOTHER'S MAIDEN NAME <u>Oliveretta Rice</u>				14. NAME OF HUSBAND OR WIFE <u>Single</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>				16. SOCIAL SECURITY NO. <u>537-03-7621</u>		17. INFORMANT Address <u>Air Corps 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>Complete Disintegration of the Body</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>explosion of military aircraft</u> DUE TO (b) <u>(B-47)</u> DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>			
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					
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.) <u>INVESTIGATION PENDING (military)</u>									
20c. TIME OF INJURY Hour <u>5:45</u> p.m. Month, Day, Year <u>Oct 21-59</u>		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>near LAKE OF THE OSAGES</u>		20f. CITY, TOWN, OR LOCATION <u>16 1/2 SE of Versailles</u>		COUNTY <u>Morgan</u>		STATE <u>Mo</u>			
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at <u>5:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Ernest G. Barham</u> <u>CORONER</u>						22b. ADDRESS <u>Versailles, Mo</u>			22c. DATE SIGNED <u>24 Oct 59</u> (State)				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>24 Oct. 59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		23d. LOCATION (City, town, or county) <u>warrensburg, Mo.</u> (State)							
24. FUNERAL DIRECTOR <u>Brauninger Funeral Home warrensburg, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>10-24-59</u>		26. REGISTRAR'S SIGNATURE <u>J. Wash</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_

Signed \_\_\_\_\_

Signature of Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.