

YU 8760

CERTIFICATE OF DEATH

14 82  
E OF DEATH  
AND X-  
IL RESIDENCE  
X-

PRECEDENT  
PERSONAL  
DATA 1/21  
7  
257

866 X  
CAUSE  
OF  
DEATH  
ITEM 18) 0  
0

OPERATIONS  
AUTOPSY 1

MEDICAL  
CERTIFICATION 97  
1

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

CORONER'S  
CERTIFICATION 5

FUNERAL  
DIRECTOR 31

REGISTRAR AND  
REGISTRAR 2

2-03

BIRTH NO.		1. PLACE OF DEATH A. COUNTY <b>Gila</b>				B. LENGTH OF STAY IN THIS TOWN <b>3 MOS</b> IN ARIZONA <b>3 MOS</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION RESIDENCE BEFORE ADMISSION) A. STATE <b>Wisconsin</b> B. COUNTY <b>Kenosha</b>						
C. CITY OR TOWN <b>San Carlos</b>		<input type="checkbox"/> IN CITY LIMITS		C. CITY OR TOWN <b>Kenosha</b>		<input type="checkbox"/> IN CITY LIMITS		<input type="checkbox"/> <b>Unknown</b>		<input type="checkbox"/> OUTSIDE CITY LIMITS				
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>5 Miles S. of San Carlos, Ariz.</b>		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET ADDRESS <b>7700 3rd Ave.</b>		(IF RURAL, GIVE LOCATION)								
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>TRUMAN</b>			B. (MIDDLE) <b>STANLEY</b>			C. (LAST) <b>MUNSON</b>			4. SEX <b>M</b>		B. COLOR OR RACE <b>White</b>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Never married</b>	
6B. NAME OF SPOUSE <b>Not applicable</b>			7. DATE OF BIRTH MONTH <b>Sep</b> DAY <b>17</b> YEAR <b>1935</b>		B. AGE (IN YEARS LAST BIRTHDAY) <b>21</b>		IF UNDER 1 YEAR MONTHS <b>-</b> DAYS <b>-</b>		IF UNDER 24 HRS. HOURS <b>-</b> MIN. <b>-</b>		6A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Pilot</b>			
9B. KIND OF BUSINESS OR INDUSTRY <b>U.S.A.F.</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Michigan</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>Yes, 29 Jul 55 to present</b>			13. SOCIAL SECURITY NO. <b>383-32-2261</b>					
14A. FATHER'S NAME <b>Stanley T. Munson</b>			14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>			15A. MOTHER'S MAIDEN NAME <b>Unknown</b>			15B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>					
16. INFORMANT'S SIGNATURE <b>On Record, Williams Air Force Base, Arizona</b>						17. DATE OF DEATH (MONTH) <b>February</b> (DAY) <b>18</b> (YEAR) <b>1957</b>								
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). \$THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____				MEDICAL CERTIFICATION (A) <b>Injuries, multiple, extreme (with partial decapitation)</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>		
PLACE DISEASE CONTRACTED.				II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.										
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION									20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21. I HEREBY CERTIFY THAT I <b>viewed</b> THE DECEASED <b>at</b> <b>11:30 PM</b> <b>on</b> <b>18 Feb</b> , 19 <b>57</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>never</b> , 19____, AND THAT DEATH OCCURRED AT <b>11:45</b> A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.														
22A. SIGNATURE <i>James L. Beasley</i>						22B. ADDRESS <b>3525TH USAF HOSPITAL Williams Air Force Base, Ariz.</b>			22C. DATE SIGNED <b>18 Feb 57</b>					
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) <b>Accident</b>				23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <b>Mountainous area 5 Miles south of San Carlos (rural) Gila Ariz.</b>				23C. (CITY OR TOWN) (COUNTY) (STATE) _____						
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>Feb. 18, 1957 11:45A</b>				23E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? <b>Aircraft accident</b>								
24A. CORONER'S SIGNATURE <b>COY B. BEASLEY</b> <i>Coy B. Beasley</i>						24B. ADDRESS <b>Chandler, Arizona</b>			24C. DATE SIGNED <b>19 Feb 57</b>					
25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE <b>2-19-57</b>		25C. NAME OF CEMETERY OR CREMATORY				25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Ithaca, Michigan</b>						
26A. DATE REC. BY LOCAL REG. <b>2-19-57</b>		26B. REGISTRAR'S SIGNATURE <i>James Randall</i>			27A. FUNERAL DIRECTOR'S SIGNATURE <i>James Randall</i>			27B. ADDRESS <b>M. L. GIBBONS MORTUARY MESA, ARIZONA</b>						