DO NOT USE BALL POINT PEN
USE TYPEWRITER OR DARK UNFADING

NOT FOR LEGAL PURPOSES

1 PLACE OF DEATH
a COUNTY: Cerro Gordo
b CITY TOWN OR LOCATION: Clear Lake
d IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☒
e LENGTH OF STAY IN 1b: 6 hrs.
c NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 5 3/4 mi No of Clear Lake, Io

2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a STATE: Texas
b COUNTY
c CITY TOWN OR LOCATION: Lubbock, Tex
e IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
d STREET ADDRESS: 1606 39th St.
f IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First: Charles; Middle: Hardin; Last: Holley.
4 DATE OF DEATH: Month: Feb.; Day: 3; Year: 1959

5 SEX: Male
6 COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8 DATE OF BIRTH: Sept 7, 1936
9 AGE (In years last birthday): 22.
IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS: Hours | Min

10a USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Entertainer
10b KIND OF BUSINESS OR INDUSTRY: Singing
11 BIRTHPLACE (State or foreign country): Lubbock, Tex
12 CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: L. O. Holley
14 MOTHER'S MAIDEN NAME: Ella Pauline Drake.

15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16 SOCIAL SECURITY NO: 450-58-5172
17 INFORMANT'S SIGNATURE: Address:

18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Gross trauma to brain
INTERVAL BETWEEN ONSET AND DEATH: immediate

22a SIGNATURE (Signature or title): Ralph E. Smiley M.D.
Ralph E. Smiley, M. D., Acting coroner
22b ADDRESS: 116 N. Wash. Ave. Mason City, Ia.
22c DATE SIGNED: 4/Feb/59

23a Burial, Cremation, Removal (Specify): Burial
23b. Date: 2-7-1959
23c Name of Cemetery or Crematory: Lubbock cem
23d Location (City, town or county) (State): Lubbock, Tex.

24. FUNERAL DIRECTOR'S SIGNATURE: G. A. Milcor
Address: Clear Lake Ia.
F. D. License Number: 17.

25 Date Rec'd by Local Registrar: 2/8-59
REGISTRAR'S SIGNATURE: Harriet B. Linakor
File Number: 711

DO NOT WRITE
Primary Cause

V.S. No. 3

6 319

DO NOT USE BALL POINT PEN

USE TYPEWRITER OR DARK UNFADING

NOT FOR LEGAL PURPOSES

1 PLACE OF DEATH
a COUNTY: Cerro Gordo
b CITY TOWN OR LOCATION: Clear Lake
d IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☒
e LENGTH OF STAY IN 1b
c NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 501 North Shore Clear Lake Ia.

2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a STATE: Iowa
b COUNTY: Cerro Gordo
c CITY TOWN OR LOCATION: Clear Lake
e IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
d STREET ADDRESS:
f IS RESIDENCE ON A FARM? YES ☐ NO ☒

3 NAME OF DECEASED (Type or print): First: Roger Middle: a Last: Peterson

4 DATE OF DEATH: Month: Feb Day: 3 Year: 1959

5 SEX: Male
6 COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8 DATE OF BIRTH: May 24 1937
9 AGE (In years last birthday): 21
IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS: Hours | Min

10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): commercial pilot
10b KIND OF BUSINESS OR INDUSTRY: Flyer
11 BIRTHPLACE (State or foreign country):
12 CITIZEN OF WHAT COUNTRY?

13 FATHER'S NAME: Arthur E Peterson
14 MOTHER'S MAIDEN NAME: Pearl I Kraemer

15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16 SOCIAL SECURITY NO: 477-48-9009
17 INFORMANT'S SIGNATURE: X Mrs. Roger A. Peterson Address:

DO NOT WRITE

Primary Cause

18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Brain damage
INTERVAL BETWEEN ONSET AND DEATH: immediate

22a SIGNATURE (Degree or title): Ralph E. Smiley M.D.
Ralph E. Smiley, M. D., Acting coroner
22b ADDRESS: 116 N. Wash. Ave. Mason City, Ia.
22c DATE SIGNED: 4/Feb/59

V.S. No. 3

23a Burial, Cremation, Removal (Specify): Burial
23b. Date: 2-6-1959
23c. Name of Cemetery or Crematory: Memorial Cem
23d Location (City, town or county): Storm Lake (State): Iowa

24. FUNERAL DIRECTOR'S SIGNATURE: G. M. Miller Address: Clear Lake, Ia. F. D. License Number: 17

25 Date Rec'd by Local Registrar: 2-3-1959
REGISTRAR'S SIGNATURE: Harriet B Lundeen
File Number: 710

DO NOT USE BALL POINT PEN
USE TYPEWRITER OR DARK INK

C 50

DO NOT WRITE
Primary Cause

V.S. No. 3

Turn over

1. PLACE OF DEATH
a. COUNTY: CERRO GORDO
b. CITY, TOWN OR LOCATION: CLEAR LAKE-RURAL
d. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☑
LENGTH OF STAY IN 1b: 1 DAY
e. NAME OF HOSPITAL OR INSTITUTION: AIR CRASH ACCIDENT ALBERT JUHL FARM

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: TEXAS
b. COUNTY:
c. CITY, TOWN OR LOCATION: BEAUMONT
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☑ NO ☐
d. STREET ADDRESS: UNKNOWN
f. IS RESIDENCE ON A FARM? YES ☐ NO ☑

3. NAME OF DECEASED (Type or print): First JILES Middle P. Last RICHARDSON

4. DATE OF DEATH: Month FEBRUARY Day 3 Year 1959

5. SEX: MALE
6. COLOR OR RACE: CAUC
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 10/24/1930
9. AGE (In years last birthday): 28
IF UNDER 1 YEAR: Months 3 Days 3
IF UNDER 24 HRS: Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENTERTAINER
10b. KIND OF BUSINESS: INSTRUMENTAL & VOCALIST
11. BIRTHPLACE (State or foreign country): TEXAS
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JILES RICHARDSON SR.
14. MOTHER'S MAIDEN NAME: ESSIE BERNICE STALSBY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): 1956-1957
16. SOCIAL SECURITY NO: 456-34-6447
17. INFORMANT'S SIGNATURE: Donald J. Buck Address: SHERIFFS OFFICE + DONALD BUCK

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Gross Trauma to brain
INTERVAL BETWEEN ONSET AND DEATH: immediate

22a. SIGNATURE: Ralph E. Smiley Title: M.D.
Ralph E. Smiley, M. D. Acting Coroner
22b. ADDRESS: 116 N. Wash. Ave. Mason City, Ia.
22c. DATE SIGNED: 4/Feb/59

23a. Burial, Cremation, Removal (Specify): BODY SENT TO
23b. Date: 2/4/1959
23c. Name of Cemetery or Crematory: BROUSSARD MORTUARY - BURIAL IN BEAUMONT
23d. Location (City or town, county) (State): BEAUMONT TEXAS

24. FUNERAL DIRECTOR'S SIGNATURE: Richard A. Van Slyke Address: Clear Lake, Iowa F. D. License Number: 89

25. Date Rec'd by Local Registrar: 2-3-59
REGISTRAR'S SIGNATURE: Harriet B. Linaker
File Number: 707

NOT FOR LEGAL PURPOSES

DO NOT USE BALL POINT PEN
USE TYPEWRITER OR DARK UNFADING

NOT FOR LEGAL PURPOSES

1. PLACE OF DEATH
a. COUNTY: CERRO GORDO
b. CITY, TOWN OR LOCATION: CLEAR LAKE-RURAL
d. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☑
LENGTH OF STAY IN 1b: 1 DAY
c. NAME OF HOSPITAL OR INSTITUTION: AIRPLANE ACCIDENT ALBERT JUHL FARM

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE: CALIFORNIA
b. COUNTY: LOS ANGELES
c. CITY, TOWN OR LOCATION: PACOIMA
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☑ NO ☐
d. STREET ADDRESS: 13428 REMINSTER
f. IS RESIDENCE ON A FARM? YES ☐ NO ☑

3. NAME OF DECEASED (Type or print): First: RICHARD; Middle: UNKNOWN; Last: VALENZUELA
4. DATE OF DEATH: Month: FEBRUARY; Day: 3; Year: 1959
5. SEX: MALE
6. COLOR OR RACE: MEXICAN
7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 5/13/1941
9. AGE (In years last birthday): 17
IF UNDER 1 YEAR: Months: 8; Days: 20
IF UNDER 24 HRS: Hours: ; Min:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENTERTAINER
10b. KIND OF BUSINESS: STRUMMENTAL + VOCALIST
11. BIRTHPLACE (State or foreign country): LOS ANGELES CALIFORNIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOSEPH VALENZUELA
14. MOTHER'S MAIDEN NAME: GORGEDIA REYES
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NEVER
16. SOCIAL SECURITY NO: 560-54-7403
17. INFORMANT'S SIGNATURE: Donald O. Buck
Address: SHERIFFS OFFICE + DONALD BUCK

DO NOT WRITE
Primary Cause

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a): Gross trauma to brain
INTERVAL BETWEEN ONSET AND DEATH: immediate

22a. SIGNATURE (Degree or title): Ralph E. Smiley
Ralph E. Smiley, M. D., Acting Coroner
22b. ADDRESS: 116 N. Wash. Ave. Mason City, Ia.
22c. DATE SIGNED: 4/Feb/59

V.S. No. 3

23a. Burial, Cremation, Removal (Specify): REMOVAL
23b. Date: 2/4/1959
23c. Name of Cemetery or Crematory: TO NOBLE CHAPEL
23d. Location (City, town or county): SAN FERNANDO
(State): CALIFORNIA

24. FUNERAL DIRECTOR'S SIGNATURE: Leilard L. Van Sluke
Address: Chris Lake, Iowa
F. D. License Number: #869

25. Date Rec'd by Local Registrar: 2-3-59
REGISTRAR'S SIGNATURE: Harriet B. Linahan
File Number: #706.

over please