

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25451**  
Registrar's No. **13**

Registration District No. **1300**

Primary Registration District No. **4308**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Mc Donald**  
(b) City or town **Noel**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Noel, Missouri**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 year, 6 months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Virgil H. Deal**

3. (b) If veteran, name war **- -** 3. (c) Social Security No. **- -**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **- -** 6. (c) Age of husband or wife if alive **- -** years

7. Birth date of deceased **September 2, 1922**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**20 9 18 - hr. - min.**

9. Birthplace **Graybull Wyoming**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Soldier**

11. Industry or business **United States Army**

MOTHER FATHER { 12. Name **Unknown**

13. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Freida L. Magness**

15. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Soldier's Service Record**

(b) Address **Camp Crowder, Missouri**

17. (a) **Removal** (b) Date thereof **June 20, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Graybull, Wyoming**

18. (a) Signature of funeral director **Knell, Mortuary**

(b) Address **Carthage, Missouri**

19. (a) **June 26-43** (b) **Madison George**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Wyoming** (b) County **Unknown**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Box 535 Greybull, Wyoming**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **- -**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20**  
year **1943** hour **12** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **- -**  
**- -** 19 **43** to **- -** 19 **43**;  
that I last saw h. **im** alive on **- -** 19 **43**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Anoxemia** Duration

Due to **Drowning**

Due to **183-3**

Other conditions **36**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy **Multiple petechiae of brain  
lungs, pancreas, ileum.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **June 20, 1943**

(c) Where did injury occur? **Noel McDonald Missouri**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**In public place**

While at work? **(Specify type of place)** (e) Means of injury **Drowning**

23. Signature **Nathan R. Green H. Ceb** (M.D. or other) **MC**  
Address **Camp Crowder, Missouri** Date signed **6/20/43**

RECEIVED

District Health Officer No. 6,

District File Number 743-856

Date Filed JUL 16 1943

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed John D. Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage Mo

**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 this body is not embalmed, fact should be so stated above.**