

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5984 State File No. 17618  
4428 Registrar's No. 83

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Wisconsin</b> b. COUNTY <b>Eau Claire</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Eau Claire</b>	
c. LENGTH OF STAY (In this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>414 Water Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Approx 3 miles southeast of Richland, Mo., on highway 35</b>			
3. NAME OF DECEASED a. (First) <b>JAMES</b>		c. (Last) <b>HALL</b>	
b. (Middle) <b>ARTHUR</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 27 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Sept 9, 1931</b>
9. AGE (In years last birthday) <b>19</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>	
11. BIRTHPLACE (State or foreign country) <b>Waupun, Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Peter Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>Yes 27 Sept 48 to death</b>	
16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>E. W. GRUNEWALD, Major, MSC USAH, FFW, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture, compressed, skull, right frontal bone</b>		ANTICIPATED BETWEEN ONSET AND DEATH <b>Immediately</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <b>3.90206 4/2</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None performed</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>River</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Richland township Pulaski Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>May 27 51 6:54 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>Dove off bridge in Gasconade River in shallow water</b>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:54 P.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>[Signature]</b> (Degree or title)		23b. ADDRESS <b>US Army Hospital, Fort Leonard Wood, Mo</b>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	
24b. DATE <b>6/2/51</b>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) <b>Eau Claire Wisconsin</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter P. Duggins, Berens, Mo</b>	
DATE REC'D BY LOCAL REG. <b>6-4-51</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	

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

Date Filed 6-9-51

File Number

Pulaski County Health Officer

RECEIVED 6-4-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Walter P. Hedges

Signed.....  
Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Merina, 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.