

FILED JUN 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. 21018

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

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 6297 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Roubidoux Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aubrey	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) Route # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 miles west of Waynesville, Mo			
3. NAME OF DECEASED (Type or Print) a. (First) Ross b. (Middle) Allen c. (Last) Wardlaw			4. DATE OF DEATH (Month) (Day) (Year) June 5 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Never married	8. DATE OF BIRTH Aug 1, 1927
9. AGE (In years last birthday) 23		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	11. BIRTHPLACE (State or foreign country) Aubrey, Texas
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Unknown (deceased)	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Sept 2150 to death		16. SOCIAL SECURITY NO. 450-30-4164	
17. INFORMANT'S SIGNATURE OR NAME E.W. GRUNEWALD, Maj, MSC		ADDRESS US Army Hospital Fort Leonard Wood, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture, multiple, base of skull with maceration of cerebellum and medulla. XXXXXX (b) Severed aorta. XXXXXX (c) Ruptured diaphragm with hemothorax.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH Immediately 68166	
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 085		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) US highway 66	21c. CITY, TOWN, OR TOWNSHIP 7 miles west of Waynesville on highway 66	(COUNTY) Pulaski (STATE) Missouri
21d. TIME OF INJURY June 5 1951 10:30 P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident	
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 10:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Rawls, 1st Lt M.C.		(Degree or title) _____	
23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		23c. DATE SIGNED June 6, 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/7/51	24c. NAME OF CEMETERY OR CREMATORY unknown	24d. LOCATION (City, town, or county) (State) Denton, Texas
DATE REC'D BY LOCAL REG. 6-11-51	REGISTRAR'S SIGNATURE Paula Mae Anderson	458	25. FUNERAL DIRECTOR'S SIGNATURE Billy James Hedges
ADDRESS _____			

RECEIVED 6-11-51
Alaska County Health Officer
Date Filed 6-15-51
File Number

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 _____

Francis J. Wyland Jr.

Signed.....

Student Embalmer

Licensed Embalmer No. 4512

P. O. Address Shenandoah, 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.