

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24065

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>113</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Florida</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ft Leonard Wood, Mo</u>		c. LENGTH OF STAY (In this place) <u>DOA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tampa</u>		<u>8090</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Big Piney River Port Leonard Wood, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>717 1/2 Laurel St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlie</u> b. (Middle) <u>Bailey</u> c. (Last) <u>Moore</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 51</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>18 April 1930</u>		9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Roofing Helper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Madison, Fla.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charlie Moore</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>11 April 1951</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sgt Kenneth L. Johnson, HQ AG Pers.</u>			
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* <u>Both lungs completely filled with frothy, red, watery fluid. Trachea-bronchial tree filled with similar material.</u> INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>					
		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) <u>Drowning</u>			
		DUE TO (c) <u>E9298</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>185 !!</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Big Piney Area 13</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ft Leonard Wood Pulaski Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>July 22 1951 3:45</u>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Drowning while on maneuvers</u>			
22. I hereby certify that I attended the deceased from <u>XXXXXX</u> , 19 <u>XXXX</u> , to <u>XXXXXX</u> , 19 <u>XX</u> , that I last saw the deceased alive on <u>XXXXXX</u> , 19 <u>XX</u> and that death occurred at <u>5:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Marvin F. Plum M.D.</u>				23b. ADDRESS <u>US Army Hospital, Fort Leonard Wood, Missouri</u>		23c. DATE SIGNED <u>23 July 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 24, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MADISON FLORIDA</u>		24d. LOCATION (City, town, or county) (State) <u>FLORIDA</u>	
DATE REC'D BY LOCAL REG. <u>7-27-51</u>		REGISTRAR'S SIGNATURE <u>Eula Mae Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Hedges</u>		ADDRESS <u>Jerico, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0850
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Pulaski County Health Officer

RECEIVED 7-27-51

Date Filed 8-4-51
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 _____

Clarence E. Moss

Student Embalmer No. *492*

working under my personal supervision.

Signed *Clarence E. Moss*
Student Embalmer

Signed *Walter P. Wedger*

Licensed Embalmer No. *H-265*

P. O. Address *Keosauqua 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.