

FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27897

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kentucky b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town or township) Ft Leonard Wood, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wallins	
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print) a. (First) Radford	b. (Middle) _____	c. (Last) Hensley	4. DATE OF DEATH (Month) (Day) (Year) Sept 4 1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 10 April 1933
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (State or foreign country) Pineville, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME _____	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes (Enl) 3 June 50	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. W. GRINEWALD, Maj MSC, US Army Hospital, Ft Leonard Wood, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural, subarachnoid & cerebral hemorrhage with cerebral contusions, laceration and skull fracture		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0858124 25		

19a. DATE OF OPERATION 1 Sep 51	19b. MAJOR FINDINGS OF OPERATION Subdural, subarachnoid and cerebral hemorrhage with cerebral laceration and contusion	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Waynesville Pulaski Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sep 1 1951 1:45A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by automobile
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22. I hereby certify that I attended the deceased from 1 Sept, 1951, to 4 Sept, 1951, that I last saw the deceased alive on 4 Sept, 1951, and that death occurred at 7:53 A. m., from the causes and on the date stated above.

23a. SIGNATURE Andrew C. Dwyer 1st Lt MC	23b. ADDRESS US Army Hospital, Fort Leonard Wood, Missouri	23c. DATE SIGNED 4 Sept 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9/5/1951	24c. NAME OF CEMETERY OR CREMATORY Harlan Funeral Home	24d. LOCATION (City, town, or county) (State) Harlan Ky.
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DATE REC'D BY LOCAL REG. 9-6-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS [Address]
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-6-51
Pulaski County Health Officer
File Number
Date Filed 9-8-51

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. 432

Signed Clarence Noos
Student Embalmer

Signed Walter P. Keage

Licensed Embalmer No. 4265

P. O. Address Keage, 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.