

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

42556
169

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Indiana</u> b. COUNTY <u>8130</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Leonard Wood, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East Chicago</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>3429 Penn Ave</u>	

3. NAME OF DECEASED (Type or Print) <u>Julio</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Bones-Vega</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married.</u>	8. DATE OF BIRTH <u>22 Apr 1932</u>	9. AGE (In years last birthday) <u>19</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (State or foreign country) <u>Guayama, Porto Rico</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Augustin Vega-Bones</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) (If yes, give year or dates of service) <u>Yes Ind (15 Sep 51)</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.W. GRUNEWALD, Major, MSC</u> <u>US Army Hospital</u> <u>Ft. Leonard Wood, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemothorax, rt.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Raciation, cardiac</u> DUE TO (c) <u>Bullet wound, sternum</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Massive pleural adhesions, base, rt. lung.</u>	INTERVAL BETWEEN ONSET AND DEATH <u>± 10 min</u> <u>± 10 min</u> <u>Unknown</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Army Barracks</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fort Leonard Wood</u> <u>Pulaski</u> <u>Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 4 1951 6:03P.</u>	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR? <u>Self inflicted.</u>

22. I hereby certify that I attended the deceased from DEAD ON ARRIVAL, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>1st Lt. Branch Dept me</u>	23b. ADDRESS <u>US Army Hospital</u> <u>Fort Leonard Wood, Missouri</u>	23c. DATE SIGNED <u>5 Dec 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY <u>GUAYAMA, Porto Rico</u>

DATE REC'D BY LOCAL REG. <u>12-10-51</u>	REGISTRAR'S SIGNATURE <u>Eula Mae Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter P. Hedger</u> <u>Crack, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Pulaski County Health Officer

RECEIVED

12-18-51

File Number

Date Filed

12-15-51

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 *Clarence Moss*
Student Embalmer

Student Embalmer No. *432*

Signed

Licensed Embalmer No. *42655*

P. O. Address *Theresa*

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.