.S. No. 300
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FILED JAN 14 1952

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 1829

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 3

**1. PLACE OF DEATH**
a. COUNTY: LACLEDE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL, LEBANON
c. LENGTH OF STAY (In this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 66

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: PULASKI
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FT. LEONARD WOOD
d. STREET ADDRESS (If rural, give location): 0850

**3. NAME OF DECEASED** (Type or Print)
a. (First): JOWELL
b. (Middle): E
c. (Last): MCWHORTER

**4. DATE OF DEATH** (Month) (Day) (Year): JAN 9, 1952

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: NOV 17, 1925
**9. AGE** (In years last birthday): 28 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): ARMY PFT.
**10b. KIND OF BUSINESS OR INDUSTRY**: U.S. ARMY
**11. BIRTHPLACE** (State or foreign country): Unknown
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Unknown
**13b. MOTHER'S MAIDEN NAME**: unknown.
**14. NAME OF HUSBAND OR WIFE**: unknown.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes.
(If yes, give war or dates of service): WORLD WAR II
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME**: Anthony P Gavich
**ADDRESS**: Ft Leonard Wood

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured Skull
ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Severed Jugular Vein
DUE TO (c): Auto Accident.
II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
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INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**: none
**19b. MAJOR FINDINGS OF OPERATION**: 053
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 66
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): Lebanon, Laclede, Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): JAN 9, 1952 8:00 a.m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**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 8:00 P.m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Richard L. Palmer (Degree or title): Coroner
**23b. ADDRESS**: Lebanon, Mo.
**23c. DATE SIGNED**: Jan. 9, 1952

**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL
**24b. DATE**: JAN. 9, 1952
**24c. NAME OF CEMETERY OR CREMATORY**: Ft Leonard Wood
**24d. LOCATION** (City, town, or county) (State): Ft Leonard Wood Mo.

DATE REC'D BY LOCAL REG.: January 9, 1952
REGISTRAR'S SIGNATURE: Ella L. May 424
**25. FUNERAL DIRECTOR'S SIGNATURE**: R Palmer
**ADDRESS**: Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 Not Embalmed, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

**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.