

FILED MAY 1 - 1952

## STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Ft Leonard Wood, Mo</u>			c. LENGTH OF STAY (In this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Calumet</u>			<u>8120</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>US Army Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>344th 155 Place</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>		b. (Middle) <u>Joseph</u>		c. (Last) <u>Hecimovich</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12 Jan 1930</u>		9. AGE (In years last birthday) <u>22</u>	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) <u>Unknown</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Hecimovich</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE (wife) <u>Mary Louise Hecimovich</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes (Und (4 Jan 1952))</u>		16. SOCIAL SECURITY NO. <u>- - - -</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>ANDREW M. FLOM, Capt, MSC 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Laceration of brain</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
	ANTECEDENT CAUSES DUE TO (b) <u>Skull fracture</u>					<u>3 days</u>	
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture lt femur and lt humerus</u>					<u>3 days</u>	
19a. DATE OF OPERATION <u>14 Apr 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Increased intracranial pressure</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>Highway 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sullivan Franklin Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 11 1952 9:00 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident.</u>			
22. I hereby certify that I attended the deceased from <u>12 Apr</u> , 19 <u>52</u> , to <u>15 Apr</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>15 Apr</u> , 19 <u>52</u> , and that death occurred at <u>5:15A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert G. Boles</u> (Degree or title) <u>ROBERT G. BOLES, Captain, MC</u>				23b. ADDRESS <u>US Army Hospital</u> <u>Ft Leonard Wood, Missouri</u>		23c. DATE SIGNED <u>15 Apr 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>4/16/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hammond</u>		24d. LOCATION (City, town, or county) (State) <u>Indiana</u>		
DATE REC'D BY LOCAL REG. <u>4-19-52</u>		REGISTRAR'S SIGNATURE <u>Walter P. Hedger</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Walter P. Hedger</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 4-26-52

File Number

Pulaski County Health Officer

RECEIVED 4-19-52

MAY 7 1952

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

Walter P. Neuges

Signed.....

Student Embalmer

Licensed Embalmer No. 4265

P. O. Address Henry, 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.