5. No. 300
. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29041

State File No.

FILED SEP 3 - 1952 BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 102

0850

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Leonard Wood, Mo
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): US Army Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Laquey 0850
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): BABY
b. (Middle): BOY
c. (Last): SLAWSON

4. DATE OF DEATH (Month) (Day) (Year): Aug 28 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): - -

8. DATE OF BIRTH: 12 July 1952

9. AGE (In years last birthday): If under 1 year: Months 1, Days 17; If under 24 hrs.: Hours, Min.

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): Waynesville, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Lucille Slawson

14. NAME OF HUSBAND OR WIFE: - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): - -
(If yes, give war or dates of service): - -

16. SOCIAL SECURITY NO.: - -

17. INFORMANT'S SIGNATURE OR NAME: A.M. FLOM, Capt, MSC
ADDRESS: US Army Hospital Fort Leonard Wood, Mo

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) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 mo 17 da

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 7544

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 Aug, 19 52, *to* 28 Aug, 19 52, *that I last saw the deceased alive on* 28 Aug, 19 52, *and that death occurred at* 1:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Strequell 1/Lt MC

23b. ADDRESS: US Army Hospital Fort Leonard Wood, Missouri

23c. DATE SIGNED: 29 Aug 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 30 Aug 52

24c. NAME OF CEMETERY OR CREMATORY: IDEUMA

24d. LOCATION (City, town, or county) (State): LAQUEY MISSOURI

DATE REC'D BY LOCAL REG.: 8-29-52

REGISTRAR'S SIGNATURE: Eula Faye Anderson 458

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Hedges Funeral Home Waynesville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-29-53
Pulaski County Health Officer
File Number
Date Filed 8-30-53

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 Clarence Gross

Signed .....
Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.