S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 9 1952

State File No. 39775

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 146

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

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: Pennsylvania
b. COUNTY: Erie
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Erie 8376
d. STREET ADDRESS (If rural, give location): 960 East 21st Street 8

3. NAME OF DECEASED (Type or Print)
a. (First): Wilmer
b. (Middle): D
c. (Last): Clawson

4. DATE OF DEATH (Month) (Day) (Year): Nov 25 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: 8 May 1932
9. AGE (In years last birthday): 20 — 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): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Hastings, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jacob Clawson
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 9 July 1952
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Fort Leonard Wood, Mo
B.J.BAJORIN, Major, MSC, US Army Hosp

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): Basal Skull Fracture Massive — INTERVAL BETWEEN ONSET AND DEATH: Less than 5 minutes

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: 26 Nov 1952
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Ft Leonard Wood, Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov 25 1952 1955
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEAD ON ARRIVAL, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 2000 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas Cummings, Thomas J. Cummings 4th Me 0
23b. ADDRESS: U.S. Army Hospital, Ft. Leonard Wood, Mo.
23c. DATE SIGNED: 26 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov 30-1952
24c. NAME OF CEMETERY OR CREMATORY: Hillsdale
24d. LOCATION (City, town, or county) (State): Hillsdale PA

DATE REC'D BY LOCAL REG.: 11-30-52
REGISTRAR'S SIGNATURE: Eula Mae Anderson 95
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hedges Funeral Home Crocker Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-30-52
Pulaski County Health Officer
File Number
Date Filed 12-6-52

MAR 6 1953
1953

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 _____ Student Embalmer No. _____, working under my personal supervision.

Student _____
Student Embalmer

Signed Clarence Moss

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.