

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2602

State File No.

FILED JAN 22 1953

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY OR TOWN Ft Leonard Wood, Mo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Artillery Circle

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Michigan b. COUNTY Genesee
c. CITY OR TOWN Flint
d. STREET ADDRESS (If rural, give location) 2005 Clement Street

3. NAME OF DECEASED
a. (First) PETER b. (Middle) W. c. (Last) MAGELSSON

4. DATE OF DEATH (Month) (Day) (Year)
Jan 13 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Never married

8. DATE OF BIRTH 5 Oct 1929

9. AGE (In years last birthday) 23
10. IF UNDER 1 YEAR Months _____ Days _____
11. IF UNDER 1 HR. 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)
Genesee, Michigan

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Neal Magelssen

13b. MOTHER'S MAIDEN NAME

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)
Yes 1 Dec 1952

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS
B.J. BAJORIN, Maj, MSC Ft 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laceration of Cerebellum and brain stem
ANTECEDENT CAUSES
DUE TO (b) Comminuted fracture of skull and fracture of cervical spine
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E8304
25

INTERVAL BETWEEN ONSET AND DEATH
Immediate

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
085

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.)
Artillery Circle

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Ft Leonard Wood Pulaski Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
Jan 13 53 6:00PM

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

21f. HOW DID INJURY OCCUR?
Struck by vehicle.

22. I hereby certify that I attended the deceased from DEAD, ON ARRIVAL, 1953, that I last saw the deceased alive on 19, and that death occurred at 6:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
John M. C. O.

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

23c. DATE SIGNED
14 Jan 53

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

24b. DATE
JAN 15 1953

24c. NAME OF CEMETERY OR CREMATORY
Flint Michigan

24d. LOCATION (City, town, or county) (State)
Flint Michigan

DATE REC'D BY LOCAL REG.
1-14-53

REGISTRAR'S SIGNATURE
Paula Mae Anderson

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

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

1850
3

Date Filed 1-17-53
File Number 1-14-53
Pulaski County Health Officer

MAR 1 2 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Clarence J. Moss

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.