5. No. 300
7. 10.48

FILED FEB 17 1953

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7161

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ft Leonard Wood
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): Range 44

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Michigan
b. COUNTY: Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City 8210
d. STREET ADDRESS (If rural, give location): 32459 Jonn Hauk St 8

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): E
c. (Last): HIBBARD

4. DATE OF DEATH (Month) Feb (Day) 6 (Year) 53

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 20 Feb 1952
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 (State or foreign country): Detroit Michigan 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas I Hibbard
13b. MOTHER'S MAIDEN NAME: Unkown
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 21 Jul 52
16. SOCIAL SECURITY NO.: — —
17. INFORMANT'S SIGNATURE OR NAME: B J Bajorin Maj MSC
ADDRESS: U S Army Hospital Ft 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) Comminuted Fracture of skull
~~Maceration of brain Pulmonary Hem~~
INTERVAL BETWEEN ONSET AND DEATH: Less than 1 minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gunshot Wound
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
E9198
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
085
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.): Range 44
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ft Leonard Wood Pulaski Missouri
21d. TIME OF INJURY (Month) Feb (Day) 6 (Year) 53 (Hour) 0745A
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: While instructing on Range

22. *I hereby certify that I attended the deceased from* DEAD ON ARRIVAL, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 7 45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas [illegible] 1st Lt MC 0
23b. ADDRESS: U S Army Hospital Ft. Leonard Wood, Mo.
23c. DATE SIGNED: 6 Feb 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb 8-1953
24c. NAME OF CEMETERY OR CREMATORY: UNKNOWN —
24d. LOCATION (City, town, or county) (State): Garden City Mich

DATE REC'D BY LOCAL REG.: 2-8-53
REGISTRAR'S SIGNATURE: 458 Paula Jane Anderson
25. FUNERAL DIRECTOR'S SIGNATURE: Hedges Funeral Home
ADDRESS: Crocker, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-8-53
Pulaski County Health Officer
File Number
Date Filed 3-11-53

FEB 26 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 _____
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.