

No. 30  
10.48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 164

FILED FEB 17 1953

BIRTH NO. 10435 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 22

850  
0

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

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Fort Leonard Wood</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Waynesville</b> 0850	
c. LENGTH OF STAY (In this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>Box 121</b> 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>US Army Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARVEY</b> b. (Middle) <b>L.</b> c. (Last) <b>KRIBBLE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 9 1953</b>		
5. SEX <b>Male</b> 0		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>---</b> 0	
8. DATE OF BIRTH <b>5 Feb 1953</b>			9. AGE (In years last birthday) <b>4</b>		IF UNDER 1 YEAR Days <b>4</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>---</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>		11. BIRTHPLACE (State or foreign country) <b>Ft Leonard Wood, Missouri</b> 0
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Robert G. Kribble</b>		13b. MOTHER'S MAIDEN NAME <b>Emma F. Little</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>---</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>B. J. BAJORIN, Maj, MSC Ft Leonard Wood, Mo.</b>	

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) <b>Brain damage. Cause undetermined.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
		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 <b>7600</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **5 February 1953** to **9 February 1953**, that I last saw the deceased alive on **9 February 1953**, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Kenneth C. Mickle, Capt., MC</b>		23b. ADDRESS <b>US Army Hospital Fort Leonard Wood, Missouri</b>		23c. DATE SIGNED <b>10 Feb 1953</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Feb 10-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mexico Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mexico Mo</b>	
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DATE REC'D BY LOCAL REG. <b>2-10-53</b>		REGISTRAR'S SIGNATURE <b>Paula Lynn Anderson</b>		5. FUNERAL DIRECTOR'S SIGNATURE <b>Hedges Funeral Home</b>		ADDRESS <b>Waynesville Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

Date Filed 2-10-53  
File Number

Pulaski County Health Officer

RECEIVED 2-10-53

**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 Shoss*

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.