

FILED JUN 9 1953

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

18972

State File No. ....

BIRTH NO. 38158 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 57

0850

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

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ft Leonard Wood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Villa Courts</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Edward</u>	b. (Middle) <u>Lewis</u>	c. (Last) <u>Lochstamper III</u>	<u>June</u>		<u>1</u> <u>1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>---</u>	8. DATE OF BIRTH <u>30 May 1953</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Days <u>2</u>
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) <u>US Army Hosp, Ft Leonard Wood, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Edward L Lochstamper, Jr</u>	13b. MOTHER'S MAIDEN NAME <u>Irene Spivey</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>B. J. BAJORIN, Maj, MSC Ft Leonard Wood, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>64 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		<u>776 X</u>	

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 30 May, 1953, to 1 June, 1953, that I last saw the deceased alive on 1 June, 1953, and that death occurred at 12:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest E. Smith</u> (Degree or title)	23b. ADDRESS <u>US Army Hospital Ft Leonard Wood, Missouri</u>	23c. DATE SIGNED <u>3 June 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5 June 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Portsmouth Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Portsmouth Virginia</u>
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DATE REC'D BY LOCAL REG. <u>6-3-53</u>	REGISTRAR'S SIGNATURE <u>Paula Spivey Anderson</u>	458	25. JUNE 10, 1953 JUNIOR HEALTH DIRECTOR'S SIGNATURE <u>Walter P. Hedges</u> ADDRESS <u>Iberia</u>
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Date Filed 6-6-53

File Number \_\_\_\_\_

Pulaski County Health Officer

RECEIVED 6-3-53

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 Clarice Dross

Signed.....  
Student Embalmer

Licensed Embalmer No. 4296

P. O. Address Waynesville, N.C.

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.