b. CITY (II conside corporate limits, write RURAL and give township)  TOWN Crocker			THE DIVIDION OF THE				_	
BIRTH MO	ÉU ÉO TOU	17 401-A	STANDARD CERTIF	FICATE OF DEA	HTA	State File No	22:	517
1. PLACE OF DEATH 2. COUNTY PULBERT  D. CITY (unusual component limits, write RURAL and give township) CTOWN CTOCKET  OR (township) CTOWN Watford  OR (township) COR (township) COR (township) COR (township) COR (township) CTOWN Watford  OR (township) CR (township	BIRTH NO	7 - 1953	REG. DIST. NO. <u>290</u>	PRIMARY REG. DIST.	NO. 44.30			6
b. CITY (If counted corporate limits, write RURAL and give towership)  TOWN  Crocker  d. FULL NAME OF (If not is hospital or institution, give street address or location)  HOSPITAL OR STREET  ADDRESS  General Delivery  A Date (If want)  S. EXE (If counted corporate limits, write RURAL and give towership)  TOWN  Watford  d. FULL NAME OF (If not is hospital or institution, give street address or location)  INSTITUTION  3. NAME OF (If not is hospital or institution, give street address or location)  J. NAME OF (If not is hospital)  DOUGLAS A. (First)  DOUGLAS  S. EXE (If count)  S. EXE (If count)  White  White  White  White  Indiver married  Indiver married  Indiver married  Indiver married  Indiver married  Dustry  Indiver married  Dustry  Indiver married  Decased  Debbie Alice Azbell  NONE  S. EXE (If count)  Indiver married  Douglas  Indiver married  Indiver married  Dustry  Indiversity  I	I. PLACE OF DE	ATH		2 USUAL RESID	ENCE (Where de	sessed lived. If in	stitution: w	eklance be
OF COLOR OF CONTROL OF				a. STATE Nortl	h Carolina	b. COUNTY		adminst
d. FULL NAME OF (It not in bospital or institution, give street address or location)  NSTITUTION  3. NAME OF DECEASED  CTPs or Print)  5. EXX  DOUGLASS  S. EXX  DOUGLASS  S. EXX  DOUGLASS  S. EXX  DOUGLASS  DOUGLASS  S. EXX  DOUGLASS  DOUGLASS  S. EXX  DOUGLASS  DOUGLASS  DOUGLASS  DOUGLASS  DOUGLASS  DOUGLASS  DOUGLASS  S. EXX  DOUGLASS  NOTE  DOUGLASS	b. CITY (If outside (	sorporate limits, write	RURAL and give c. LENGTH OF	c. CITY (If outside cor	porate limite, <del>write</del> B	URAL and give tow	nehip)	
ANAME OF DECEASED DECEASED DOUGLAS S. EXX D. 6. COLOR OR RACE Male White OB. USUAL OCCUPATION (Give kind of work does during most of working life, even if working) DUSTRY Unemployed  De. WAS DECEASED EVER IN U.S. ARNED FORCEST We most of uniformation of working life, even if working to the death of service We may be the most of working life, even if working) De. WAS DECEASED EVER IN U.S. ARNED FORCEST We most of uniformation of working life, even if working to the death of service We most of uniformatic to the death of service We most of uniformatic to the death of service We most of uniformatic to the death of service We most of uniformatic to the death of service We most of uniformatic to the death of service We most of of service We				TOWN Watio			ற ⊋	<u>5 λ</u>
Comparison   Com	HOSPITAL OR	(If not in hospital or	institution, give street address or location)	II ADDRESS		<del></del>	٠ ن	8
(Type or Print) Douglas A. Azbell Death June 27 19:  5. SEX 6. 6. COLOR OR RACE Wildow Divorced (Speedty) 19: Add (In year) From 19: Add (In year) Print Days House I wildow Divorced (Speedty) 19: Add (In year) Print Days House I wildow Days House I wildow Days House I wildow Days House I wildow Dustry	3. NAME OF	a. (First)	b. (Middle)	c. (Last)	. 4. DAT	E (Month)	(Day)	(Vess)
Male White Widowed Divorced (See or foreign country)  Manual See of the see o		Donglas	<b>A.</b> ·	Azbell	OF DEAT	н June		195
Male White never married 19. KIND OF BUSINESS OR IN- DUSTRY Unemployed 19. KIND OF BUSINESS OR IN- DUSTRY Unemployed 19. KIND OF BUSINESS OR IN- DUSTRY Groesbeck, Texas 19. KIND OF BUSINESS OR IN- DUSTRY Groesbeck, Texas 19. KIND OF BUSINESS OR IN- DUSTRY Groesbeck, Texas 19. KIND OF BUSINESS OR IN- DUSTRY Groesbeck, Texas 19. KIND OF BUSINESS OR IN- DUSTRY Groesbeck, Texas 19. KIND OF BUSINESS OR IN- DUSTRY Groesbeck, Texas 19. KIND OR WIFE 19. KIND OF BUSINESS OR IN- DECEASED EVER IN U. S. ARMED FORCES? IN- LOS DECEASED EVER IN U. S. ARMED FORCES? IN- L			1.7. MARRIED, NEVER MARRIED.		1.0 400			
Description of conting life, even if every done during most of vorting life, even if every done during most of vorting life, even if every done during most of vorting life, even if every done during most of vorting life, even if every done during most of vorting life, even if every life life and lif	Mala	White	WIDOWED, DIVORCED_(Specify)	4	2 2	dribday) Months	Days H	
done during most of working life, even if reduced Unemployed  3. FATHER'S NAME  Deceased  Debbie Alice Azbell  None  None  Deceased  Debbie Alice Azbell  None  Deceased  Debbie Alice Azbell  None  Deceased  None  None  B J Eddorin Maj. MC Ft Leonard  MEDICAL CERTIFICATION  DIRECTLY LEADING TO DEATH Interonly one cause per not for (a), (b), and (c)  This does not mean the discussed of dying, such a beautifular, asthenia, it means the discussed for conditions, if any, giving DUE TO (b)  Morbid conditions, if any, giving DUE TO (b)  DUE TO (c)  DEBOTITY, TOWN, OR TOWNSHIP)  Torocker  Pulaski  Missour  Missour							12 CITIZ	
Deceased  Debtie Alice Azbell  None  S. WAS DECEASED EVER IN U. S. ARMED FORCES? I 16. SOCIAL SECURITY NO. B J Eddorin Maj. MC Ft Leonard  Once of Cally on the one of the conditions of the conditions, if any, gloing the underlying cause last.  Due to (a)  Anticodent Caused death.  Due to (b)  Anticodent Caused death.  Due to (c)  Due to (c)  Anticodent Caused death.  Due to (c)  Due to (c)  Due to (c)  Anticodent Caused death.  Due to (c)	done during most of work	king life, even if retired)	DUSTRY			· /	"CONT	EN OF WE
S. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY NO. PRO. OF UNKNOWN OF THE PRO. OF COUNTY)  P. CAUSE OF DEATH COME OF DEATH COME OF THE COM			13b. MOTHER'S MAIDEN		<del></del>	USBAND OR WIF	FE	<del></del> .
S. WAS DECEASED EVER IN U.S. ARMED FORCES?  (If you, sive war or dates of service)  (If you dates of service of service of service)  (If you dates of service	Deceased		Debbie Alice	Azbell	None			
Cause of Death   Cause of Death   Cause of Cause of Series are dates of services   None   B J Briorin Maj. MC Ft Leonard   Medical Certification   Medical Certification   Interval Edward Onset and Death onset of (a), (b), and (c)    - This does not mean the mode of dying, such the death of the interval of the underlying cause last.  - It means the discussion on which caused death.  - Part of Operation   Due to (c)   Due to (d)   Due to (d)    - This does not mean the discussion of the death of the underlying cause last.  - Due to (e)   Due to (e)    - This does not mean the discussion of the death of the underlying cause last.  - Due to (e)   Due to (e)    - This does not mean the discussion of the discussion of the death of the underlying cause last.  - Due to (c)   Due to (e)    - This does not mean the discussion of the discussion of the underlying cause last.  - Due to (e)   Due to (e)    - This does not mean the discussion of the underlying cause last.  - Due to (e)   Due to (e)    - This does not mean the discussion of the underlying cause last.  - Due to (e)   Due to (e)    - This does not mean the discussion of the underlying cause last.  - Due to (e)   Due to (e)    - This does not mean the discussion of the underlying cause last.  - Due to (e)   Due to (e)    - This does not mean the discussion of the underlying cause last.  - Due to (e)   The underlying cause last the underlying cause l	5. WAS DECEASED EV	ER IN U.S. ARMED	FORCES?   16. SOCIAL SECURITY			OR NAME	ĀI	ODRES
MEDICAL CENTIFICATION  Interonly one couse per time for (a), (b), and (c)  "This does not mean the mode of dying, such as heart fallure, asthemia, if any, giving DUE TO (b)  Interonly one couse (a) stating the underlying cause last.  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (c)  III. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  DUE TO (b)  The conditions of the death but not the death but not the underlying cause last.  DUE TO (b)  DUE TO (b)  DUE TO (c)  TO	Yes, no, or unknown) (1 Yes	il yes, sive war or date nd _26	rof service) None NO.	1				
Inter only one cause per ine for (a), (b), and (c).  *This does not mean he mode of dying, such as heart fallure, asthenia, it. It means the discession which caused death.  *DUE TO (c)  11. 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  11a. ACCIDENT  SUICIDE  HOMICIDE Accident  1. DISEASE OR CONDITION Interactanial and Pulmonary Hemorrhage  ONSET AND DEA  Place of Interactanial and Pulmonary Hemorrhage  ONSET AND DEA  ONSET AND DEA  Intractured skull  ACCIDENT (a) stating to the death out not related to the disease or condition causing death.  20. AUTOPSYT YES IN NO  12. ACCIDENT  SUICIDE  HOMICIDE Accident  1. DISEASE OR CONDITION  ACCIDENT  ONSET AND DEA  ONSET AND DEA  Tractured skull  ACCIDENT  ONSET AND DEA  Pulmonary Hemorrhage  ONSET AND DEA  Tractured skull  ACCIDENT  ONSET AND DEA  CONSET AND DEA  C			MEDICAL O	SERTIFICATION			LOONS	I'C
**This does not mean the mode of dying, such the mode of dying, such the mode of dying, such the heart fallure, asthenia, the. It means the distance, in the mode of a property of the above cause (a) stating the underlying cause last.  **DUE TO (c)**    DUE TO (c)**		1. DISEASE OR C	CONDITION	fall and Dalma.	V	-1		
**This does not mean the mode of dying, such the mode of dying, such the mode of dying, such the heart fallure, asthenia, the. It means the distance, in the mode of a property of the above cause (a) stating the underlying cause last.  **DUE TO (c)**    DUE TO (c)**	ine for (a), (b), and (c)	DIRECTLY LEAD	JING TO DEATH (a) THEFEGERIT	INT SUU LATEO	DELA TERIOL	тпяве	-	
Morbid conditions, if any, giving DUE TO (b) FTACTURED SEULT  In heart fallure, asthemia, the distance, it means the distance, in jury, or complication which caused death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  YES NO  10. ACCIDENT (Specity) 21b. PLACE OF INJURY (e.g., to or about SUICIDE HOMICIDE ACCIDENT (Day) (Text) 117  10. TIME (Month) (Day) (Text) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	*This does not mean	ANTECEDENT C	CAUSES				1	
DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., to or about SUICIDE HOMICIDE ACCIDENT SUICIDE HOMICIDE SUICIDE SUICI	he mode of dying, such	Morbid condition	us, if any, giving DUE TO (b)ETE	actured skull			_	
DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA-TION  19b. MAJOR FINDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., to or about SUICIDE HOMICIDE ACCIDENT  SUICIDE HOMICIDE ACCIDENT SUICIDE HOMICIDE ACCIDENT  SUICIDE HOMICIDE ACCIDENT  Crocker  Pulaski  Missour	10 heart fallure, asthenia,	the underlying ca	cause (a) stating use last.		•		ŀ	
Conditions contributing to the death but not related to the disease or condition causing death.  9a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  11a. ACCIDENT (Breakly)  11a. ACCIDENT (Breakly)  11b. PLACE OF INJURY (e.g., to or about burner, office bidg., etc.)  11c. ACCIDENT (Breakly)  11d. ACCIDENT (Breakly)  12b. PLACE OF INJURY (e.g., to or about burner, farm flavory, street, office bidg., etc.)  12c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE).  12d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?		<u> </u>	DUE TO (c)	_:			_	
19a. DATE OF OPERA- TION   19b. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?   20. AUTOPSY?   21a. ACCIDENT   19b. MAJOR FINDINGS OF OPERATION   21b. PLACE OF INJURY (e.g., to or about SUICIDE HOMICIDE Accident   19b. Major farm fairby, street, office bidg., etc.)   19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STATE)   19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STATE)   19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STATE)   19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STATE)   19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STATE)   19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STATE)   19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STATE)   19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STATE)   19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STATE)   19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STATE)   19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STATE)   19b. MAJOR FINDINGS OF OPERATION   21c. (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (STATE)   (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (COUNTY)   (COUNTY)   (COUNTY)   (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (COUNTY)   (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (COUNTY)   (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (CITY, TOWN, OR TOWNSHIP)   (COUNTY)   (CITY, TOWN, OR TOWNSHIP)   (CITY, TOWN, OR TOWNSHIP)   (CITY, TOWNSHIP)   (CITY	ion which caused death.	II. OTHER SIGNI	FICANT CONDITIONS	•				<del>ت</del> ا
Pa. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? TON  21b. PLACE OF INJURY (e.g., to or about SUICIDE HOMICIDE Accident  10b. MAJOR FINDINGS OF OPERATION  21c. (CITY, TOWN, OR TOWNSHIP)  Crocker  Pulaski Missour  21d. Time (Month) (Day) (Text) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?								
Tight   Tigh	-	Conditions contri	ibuting to the death but not ase or condition causing death.				108	5 <b>W</b>
21b. PLACE OF INJURY (e.g., to or about SUICIDE HOMICIDE Accident Hwy. #17 Crocker Pulaski Missour	9a. DATE OF OPERA-	related to the dise	ase or condition eausing death.		<i>E</i> 8	234		
HOMICIDE ACCIGENT:   Hwy: #17 Crocker Pulseri Missour	19a. DATE OF OPERA- TION	related to the dise	ase or condition eausing death.		Es		20. AUT	OPSY?
IId. TIME (Mosth) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	TION	related to the dise	age or condition causing death.  IDINGS OF OPERATION  21b. PLACE OF INJURY (a.g., in or about	21c. (CITY, TOWN. OR		3-2	20. AUT	OPSY7
	TION	related to the dise 19b. MAJOR FIN (Bpedig)	age or condition causing death.  IDINGS OF OPERATION  21b. PLACE OF INJURY (a.g., in or about	1 . ' . '		(COUNTY)	20. AUT	OPSY?
	TION  21a. ACCIDENT SUICIDE HOMICIDE ACC	related to the disc 19b. MAJOR FIN (Bpecity) 1dant	21b. PLACE OF INJURY (e.g., to or about bones, farm flattery, street, office bidg., etc.)	Crocker	TOWNSHIP)	(COUNTY)	20. AUT	OPSY?
	TION  Pla. ACCIDENT SUICIDE HOMICIDE ACC Pld. TIME (Mouth OF INJURY June	(Bpecity)  1dent (Day) (Year)  27 195311	21b. PLACE OF INJURY (e.g., to or about bome, farm factory, street, office bidg., etc.)  (Hour) 21e. INJURY OCCURRED  1 36 pm White AT NOT WHILE AT WORK	Crocker 21f. How DID INJURY Automobile	occur?	(COUNTY) Pulaski	20. AUT YES (S Mis	OPSY?  NO TATE)  SOULT
2. I hereby certify that I attended the deceased from DEAD ON , 19 , to ARRIVAL , 19 , that I last saw the decea	TION  Pla. ACCIDENT SUICIDE HOMICIDE ACC Pld. TIME (Mouth OF INJURY June	(Bpecity)  1dent (Day) (Year)  27 195311	21b. PLACE OF INJURY (e.g., to or about bome, farm factory, street, office bidg., etc.)  (Hour) 21e. INJURY OCCURRED  1 36 pm White AT NOT WHILE AT WORK	Crocker 21f. HOW DID INJURY Automobile , 19, , 10 ARR	occuri Accident	(COUNTY) Pulaski	20. AUT. YES (S' Mis:	OPSY? NO TATE)
alive on, 19, and that death occurred at mn from the causes and on the date stated above.	ACCIDENT SUICIDE HOMICIDE ACC No. TIME (Mount) OF INJURY June 22. I hereby certify alive on	related to the dise 19b. MAJOR FIN  (Specity) 1dent 1) (Day) (Test) 27 195311 that I attended	21b. PLACE OF INJURY (e.g., to or about bome, farm flatter, street, office bldg., etc.)  (Hour) 21c. INJURY OCCURRED WHILE AT WORK LAT WORK LAT WORK AT WORK AT WORK AND ON and that death occurred at	Crocker  21f. HOW DID INJURY  Automobile  , 19 , to ARR  ma from the	TOWNSHIP)  OCCUR?  Accident  IVAL 19  ne causes and or	(COUNTY) Pulaski , that I law the date state	20. AUT. YES (S' Mis:	OPSY?  NO TATE)  SOULT
alive on, 19, and that death occurred atm; from the causes and on the date stated above.    Compared or title   Pash address US Army Hospital   23c. Date Sign.	ACCIDENT SUICIDE HOMICIDE ACC No. TIME (Mount) OF INJURY June 22. I hereby certify alive on	related to the dise 19b. MAJOR FIN  (Specity) 1dent 1) (Day) (Test) 27 195311 that I attended	21b. PLACE OF INJURY (e.g., to or about bome, farm flatter, street, office bldg., etc.)  (Hour) 21c. INJURY OCCURRED WHILE AT WORK LAT WORK LAT WORK AT WORK AT WORK AND ON and that death occurred at	Crocker  21f. HOW DID INJURY  Automobile  , 19 , to ARR  ma from the	TOWNSHIP)  OCCUR?  Accident  IVAL 19  ne causes and or	(COUNTY) Pulaski , that I law the date state	20. AUT. YES (S' Mis: st saw the d above. 23c. DAT	TATE) .  SOULT
alive on, 19, and that death occurred at mn from the causes and on the date stated above.	ACCIDENT SUICIDE HOMICIDE ACC No. TIME (Mount) OF INJURY June 22. I hereby certify alive on	related to the dise 19b. MAJOR FIN  (Specity) 1dent 1) (Day) (Test) 27 195311 that I attended	21b. PLACE OF INJURY (e.g., to or about bome, farm flatter, street, office bldg., etc.)  (Hour) 21c. INJURY OCCURRED WHILE AT WORK LAT WORK LAT WORK AT WORK AT WORK AND ON and that death occurred at	Crocker 21f. HOW DID INJURY Automobile  , 19 , to ARR: m:, from th	occuri Accident IVAL 19 te causes and or Army Hospi	(COUNTY) Pulaski , that I law the date state	20. AUT. YES (S' Mis: st saw the d above. 23c. DAT	TATE) .  SOULT!
alive on, 19, and that death occurred atm; from the causes and on the date stated above.  3a. SIGNATURE (Degree or title) (P23b. ADDRESS US Army Hospital 23c. DATE SIGN.  3b. SIGNATURE (Degree or title) (P3b. ADDRESS US Army Hospital 23c. DATE SIGN.  3c. Fort Leonard Wood, Missouri 29 June (State) (Olty, town, or county) (State) (State) (Olty, town, or county)	Zia. ACCIDENT SUICIDE HOMICIDE ACC Rid. TIME (Month OF INJURY June) 22. I hereby certify alive on 23a. SIGNATURE	(Specity)  Ident (Day) (Year)  27 195311  that I attended  195 DATE	21b. PLACE OF INJURY (e.g., to or about home, farm factory, street, office bldg., etc.)  HWY: TIVE 21c. INJURY OCCURRED AT WORK AT WOR	Crocker  21f. HOW DID INJURY Automobile  , 19 , to ARR  123b. ADDRESS US Fort Leonard  Y OR CREMATORY	occurt Accident IVAL , 19 te causes and or Army Hospi Wood, Mis	(COUNTY) Pulaski , that I law the date state tal souri	20. AUT YES (S) Mis st saw the d above. 23c. DAI 29 J1	TATE) .  SOULT!
alive on, 19, and that death occurred atm; from the causes and on the date stated above.  Ba. SIGNATURE (Degree or title) (P23b. ADDRESS US Army Hospital 22c. DATE SIGN Wood, Missouri 29 June 29 June 24c. MAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) (Company 24d. LOCATION (City, town, or county) (Company 24	TION  Pla. ACCIDENT SUICIDE HOMICIDE ACC Plate Time INJURY Plate on Plate o	(Specify)  Ident  19b. MAJOR FIN  (Specify)  Ident  10 (Day) (Tear)  27 195311  that I attended  19 (Day)  A- Zab. Date	21b. PLACE OF INJURY (e.g., to or about bome, farm fairly, street, office bidg., etc.)  HWY: 11  (Hour) 21e. INJURY OCCURRED WORK AT WORK E  the deceased from DEAD ON , and that death occurred at , and that death occurred at  (Degree or title)  24c. PAME OF CEMETER  29 53 Me x 18	Crocker 21f. HOW DID INJURY Automobile  , 19 , 10 AHR: m; from th  23b. ADDRESS US Fort Leonard Y OR CREMATORY	OCCUR? Accident IVAL , 19 se causes and or Army Hospi Wood, Mis 24d, LOCATION (O	(COUNTY) Pulaski , that I last the date state tal sour1 ity, town, or coun	20. AUT yes (S) Mis:  Mis:  ### Saw the d above.    23c. DAT   29 Junty)	NO TATE) . SOURT
alive on, 19, and that death occurred at, from the causes and on the date stated above.  3a. SIGNATURE (Degree or title) (P23b. ADDRESS US Army Hospital 23c. DATE SIGN.  3a. BURIAL. CREMA. 24b. DATE 24c. MAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State) 100 REMOVAL (Beedly) 24c. MAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county)	ALE REC'D BY LOCA	(Specity)  1dent (Specity)  1dent (Specity)  1dent (Day) (Year)  27 195311  that I attended  19	21b. PLACE OF INJURY (e.g., to or about bome, farm fairly, street, office bidg., etc.)  HWY: 11  (Hour) 21e. INJURY OCCURRED WORK AT WORK E  the deceased from DEAD ON , and that death occurred at , and that death occurred at  (Degree or title)  24c. PAME OF CEMETER  29 53 Me x 18	Crocker 21f. HOW DID INJURY Automobile  , 19 , 10 AHR: m; from th  23b. ADDRESS US Fort Leonard Y OR CREMATORY	OCCUR? Accident IVAL , 19 se causes and or Army Hospi Wood, Mis 24d, LOCATION (O	(COUNTY) Pulaski , that I last the date state tal sour1 ity, town, or coun	20. AUT yes (S) Mis:  Mis:  ### Saw the d above.    23c. DAT   29 Junty)	NO TATE) . SOUR

Pulaski County Health Officer

## 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.

Licensed Embalmer No ... 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.