

THE DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No.

22517

 BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4430 Registrar's No. 6-6

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE North Carolina b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) Crocker		c. CITY (If outside corporate limits, write RURAL and give township) Watford	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) General Delivery	
3. NAME OF DECEASED (Type or Print) Douglas		a. (First) A. b. (Middle) Azbell c. (Last) Azbell	
4. DATE OF DEATH (Month) (Day) (Year) June 27 1953		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 24 June 1932	
9. AGE (In years last birthday) 21		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	
11. BIRTHPLACE (State or foreign country) Groesbeck, Texas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Deceased		13b. MOTHER'S MAIDEN NAME Debbie Alice Azbell	
14. NAME OF HUSBAND OR WIFE None		15. SOCIAL SECURITY NO. None	
16. INFORMANT'S SIGNATURE OR NAME B J Bidorin Maj., MC Ft Leonard Wood		17. ADDRESS B J Bidorin Maj., MC Ft Leonard Wood	
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) Intracranial and Pulmonary Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured skull DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 080	
19a. DATE OF OPERATION June 27 1953		19b. MAJOR FINDINGS OF OPERATION E8234 32	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hwy. #17		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Crocker Pulaski Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 27 1953 11:30pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Automobile Accident		22. I hereby certify that I attended the deceased from DEAD ON , 19____, to ARRIVAL , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m.; from the causes and on the date stated above.	
23a. SIGNATURE <i>Robert G. Scheller Capt. J. C.</i>		23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	
23c. DATE SIGNED 29 June 53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE June 29 53		24c. NAME OF CEMETERY OR CREMATORY Mexia Cemetery, Mexia, Texas	
24d. LOCATION (City, town, or county) (State) Mexia, Texas		25. SURETY SIGNATURE <i>Walter P Hedges</i>	
DATE REC'D BY LOCAL REG. 6-29-53		REGISTRAR'S SIGNATURE <i>Walter P Hedges</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 7-6-53
File Number

Pulaski County Health Officer

RECEIVED 6-29-53

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 D. Moore

Signed.....
Student Embalmer

Licensed Embalmer No. 4896

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.