

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32682

State File No.

FILED SEP 29 1953
BIRTH NO. 63023 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 110

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>Fort Leonard Wood</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Leonard Wood</u> <u>0850</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Trailer F-6 Post Housing Area</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Franklin</u>	b. (Middle) <u>John</u>	c. (Last) <u>Pflaum JR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sep 24 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>24 Sep 1953</u>	9. AGE (In years last birthday) <u>0</u> MONTHS <u>0</u> DAYS <u>0</u> HOURS <u>0</u> MIN. <u>50</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Fort Leonard Wood, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Franklin J. Pflaum</u>	13b. MOTHER'S MAIDEN NAME <u>Donna M. Ehmke</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>L.A. WHITE, Capt, MSC, Ft. Leonard Wood, Mo</u>	ADDRESS <u>L.A. WHITE, Capt, 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) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>50 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malformation of heart and great vessels incompatible with life</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Absence of kidneys and urinary bladder</u> <u>Conditions contributing to the death but not related to the disease or condition causing death. Hypoplasia of lungs bilateral</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>7544</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 24 Sep 1953, to 24 Sep 1953, that I last saw the deceased alive on 24 Sep 1953, and that death occurred at 1530 hours, from the causes and on the date stated above.

23a. SIGNATURE <u>HAROLD CARRELL</u>	(Degree or title) <u>1st Lt MC</u>	23b. ADDRESS <u>US Army Hospital, Ft. Leonard Wood, Mo</u>	23c. DATE SIGNED <u>25 Sep 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept 25-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Northfield</u>	24d. LOCATION (City, town, or county) (State) <u>Northfield Minn</u>
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DATE REC'D BY LOCAL REG. <u>9-25-53</u>	REGISTRAR'S SIGNATURE <u>Paula...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Hedger</u>	ADDRESS <u>Crocker Rd</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-25-53
Pulaski County Health Officer
File Number 9-26-53
Date Filed 9-26-53

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clarence E. 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.