

FILED NOV 3- 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36367

BIRTH NO.		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 1528			
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>Pulaski</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ht Leonard Wood</u> 08501					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Mem. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>UNKNOWN</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) c. (Last) <u>Joseph</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 27 1953</u>						
5. SEX <u>m</u> 2		6. COLOR OR RACE <u>negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>July 13, 1927</u>			
9. AGE (In years last birthday) <u>26</u>		IF UNDER 1 YEAR Months <u>3</u>		IF UNDER 24 HRS. Days <u>14</u> Hours <u>1</u> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>army</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Soldier</u>		11. BIRTHPLACE (State or foreign country) <u>Chicago Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Albert Joseph</u>			13b. MOTHER'S MAIDEN NAME <u>Alberta Washington</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alberta Joseph</u>		ADDRESS <u>Chicago Ill</u>			
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) <u>Intracranial Injury</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) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office bldg., etc.) <u>Highway 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Laclede Mo</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 19 1953</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident.</u>					
22. I hereby certify that I attended the deceased from <u>Oct 19</u> , 1953, to <u>Oct 27</u> , 1953, that I last saw the deceased alive on <u>Oct 26</u> , 1953, and that death occurred at <u>3:52 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. H. Johnson</u> (Degree or title) <u>mo</u>					23b. ADDRESS <u>Lebanon Mo</u>		23c. DATE SIGNED <u>10/27/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct 27 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Chicago Ill</u>			
DATE REC'D BY LOCAL REG. <u>10-28-1953</u>		REGISTRAR'S SIGNATURE <u>Hella L. Hoay</u> 424		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Walter H. Hedger (Cracker) Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

6961 6 T AON

OCT 31 1953

Received

Madison County Health Unit

File No. 10-53-16

Date Filed ... NOV 2 1953

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.

Signed *Clarence Jones*

Signed.....
Student Embalmer

Licensed Embalmer No. *4896*

P. O. Address *Waynesville,*

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.