

FILED NOV 10 1953

STANDARD CERTIFICATE OF DEATH 5985 State File No. 36843

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5983 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Pennsylvania b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN 8 miles west of Waynesville)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Upland 8370	
c. LENGTH OF STAY (in this place) X		d. STREET ADDRESS (If rural, give location) 77 Upland Avenue 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Army Hospital, Ft Leonard Wood, Missouri			

3. NAME OF DECEASED (Type or Print) a. (First) Leonard b. (Middle) Gravel c. (Last) McClintock		4. DATE OF DEATH (Month) (Day) (Year) Nov 1 1953	
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED <input checked="" type="checkbox"/> MARRIED (Specify)	8. DATE OF BIRTH 15 Aug 1953 1931
9. AGE (In years last birthday) 22		IF UNDER 1 YEAR 2 Months	IF UNDER 12 HOURS 16 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant-Seaman		10b. KIND OF BUSINESS OR INDUSTRY Shipping	11. BIRTHPLACE (State or foreign country) Upland, Pennsylvania <input checked="" type="checkbox"/>
		12. CITIZEN OF WHAT COUNTRY? US	

13a. FATHER'S NAME James McClintock		13b. MOTHER'S MAIDEN NAME Margaret Unknown(?)		14. NAME OF HUSBAND OR WIFE Mary Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 28 Oct 52, 1 Nov 53/ 203-24-2711		16. SOCIAL SECURITY NO. 53/ 203-24-2711		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Service Record, US Army	

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 Basal Skull Fracture		INTERVAL BETWEEN ONSET AND DEATH Instant	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUE TO (b)			
ANTECEDENT CAUSES		DUE TO (c)			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
II. 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 None Performed		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi-way 66, 8 miles west of Waynesville Pulaski Missouri		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 08 S (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 1 1953		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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sgt. Sargent, M.D.		23b. ADDRESS USA H. Ft Leonard Wood, Mo.		23c. DATE SIGNED 1 Nov 53	
24. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Nov 2-53		24c. NAME OF CEMETERY OR CREMATORY unknown	
DATE REC'D BY LOCAL REG. 11-2-53		REGISTRAR'S SIGNATURE Edna Irene Anderson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedges Funeral Home Crocker, Mo	

RECEIVED 11-2-53
Rural County Health Officer
File Number
Date Filed 11-7-53

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 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: