

FILED JAN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45158

State File No.

0850
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY Pottawattamie	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft Leonard Wood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crescent 8140 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If rural, give location) - - -	
3. NAME OF DECEASED (Type or Print) a. (First) Dale b. (Middle) Robert c. (Last) Brewer			4. DATE OF DEATH (Month) (Day) (Year) December 27 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 3 Apr 1929
9. AGE (In years last birthday) 24		10. MONTHS DAYS HOURS MIN. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Raymond J. Brewer		13b. MOTHER'S MAIDEN NAME Deceased	14. NAME OF HUSBAND OR WIFE Never married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Jan 47 to Jun 48		16. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) Feb 51 to present		MEDICAL CERTIFICATION Multiple internal injuries including ruptured liver with intra abdominal bleeding and retroplueral hemorrhage due to trauma	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) liver with intra abdominal bleeding and retroplueral hemorrhage due to trauma		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Pulmonary congestion, moderate with marked cyanosis			
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION - - -	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 17	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ft Leonard Wood Pulaski Missouri			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY December 27 53 0030am		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. Deceased DEAD ON ARRIVAL , to _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>H. E. Colburn</i> (Degree or title)		23b. ADDRESS US Army Hosp, Ft Leonard Wood, Mo	
23c. DATE SIGNED 28 Dec 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12 28 53	
24c. NAME OF CEMETERY OR CREMATORY Council Bluffs Iowa		24d. LOCATION (City, town, or county) (State) Council Bluffs Iowa	
DATE REC'D BY LOCAL REG. 12-28-53		REGISTRAR'S SIGNATURE <i>Walter P. Hedges</i> 458 -	
25. FUNERAL DIRECTOR'S NAME WALTER P HEDGES		ADDRESS Iberia Mo	

RECEIVED 12-28-53
Pulaski County Health Officer
File Number
Date Filed 1-26-54

FEB 9 1954

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
Clarence E Moss
Licensed Embalmer No. 4896

P. O. Address Waynesville, Missouri

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.