No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2367

BIRTH NO. FILED FEB 3 1954 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ft. Leonard Wood,
c. LENGTH OF STAY (In this place) 35 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) U.S. Army Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Cook 8120 8
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Park Ridge
d. STREET ADDRESS (If rural, give location) 831 So. Aldine

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) Eugene
c. (Last) Gustafson

4. DATE OF DEATH (Month) January (Day) 23 (Year) 1954

5. SEX Male 0
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0
8. DATE OF BIRTH 27 December 1928
9. AGE (In years last birthday) 25 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown
10b. KIND OF BUSINESS OR INDUSTRY unknown
11. BIRTHPLACE (State or foreign country) Chicago, Illinois /
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Carl I. Gustafson
13b. MOTHER'S MAIDEN NAME Susanna Bell
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 18 Dec 53-23 Jan 54
16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S SIGNATURE OR NAME Carl I. Gustafson ADDRESS 831 So Aldine Park Ridge, Ill.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Guillain-Barre Syndrome
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: 3 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 364X
20. AUTOPSY? YES [X] NO [ ]

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 23, 1954, *to* Jan. 23, 1954, *that I last saw the deceased alive on* 23 Jan., 1954, *and that death occurred at* 8:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Charles R. Brielmaier Lt M C O
23b. ADDRESS U.S. Army Hospital Ft. Leonard Wood, Missouri
23c. DATE SIGNED Jan 24, 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE JAN 25-54
24c. NAME OF CEMETERY OR CREMATORY UNKNOWN
24d. LOCATION (City, town, or county) Chicago (State) Ill

DATE REC'D BY LOCAL REG. 1-25-54
REGISTRAR'S SIGNATURE Eula Jos Anderson 458
25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Hedges ADDRESS Ibera, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-25-54
Pulaski County Health Officer
File Number
Date Filed 1-30-54

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 Moss

Signed _____
Student Embalmer

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.