

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9687

BIRTH NO. FILED APR 2 1954 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Penna. b. COUNTY McKean	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Leonard Wood, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Custer City	
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Army Hospital		d. STREET ADDRESS (If rural, give location) -	

3. NAME OF DECEASED (Type or Print)		a. (First) Ronald		b. (Middle) Eugene		c. (Last) Whiteman		4. DATE OF DEATH (Month) March (Day) 25 (Year) 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0		8. DATE OF BIRTH March 24, 1954		9. AGE (In years last birthday) 2 IF UNDER 1 YEAR Months 2 IF UNDER 1 YEAR Days 2 IF UNDER 1 YEAR Hours 2 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Donald V. Whiteman		13b. MOTHER'S MAIDEN NAME Lois Ann Torrey		14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME L.A. White ADDRESS Fort Leonard Wood, Me.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Non-expansion of lungs. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Due to prematurity 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 48 hours			
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 7625		20. AUTOPSY? YES ☒ NO ☐	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) (Min.)		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 **24 March 1954** to **25 March 1954**, that I last saw the deceased alive on **25 March 1954**, and that death occurred at **130 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (For use by) Robert H. O'Har		23b. ADDRESS Fort Leonard Wood, Mo.		23c. DATE SIGNED 25 March 54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 26-1954		24c. NAME OF CEMETERY OR CREMATORY CROCKER Cemetery	
24d. LOCATION (City, town, or county) (State) CROCKER MO		24e. FUNERAL DIRECTOR'S SIGNATURE Walter G. Hedger		24f. ADDRESS Shenandoah Mo	

DATE REC'D BY LOCAL REG. 3-26-54		REGISTRAR'S SIGNATURE Eula E. Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Walter G. Hedger	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-26-54
Pulaski County Health Officer
File Number
Date Filed 3-27-54

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. *Not Embalmed* Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Clarence E Moss

Licensed Embalmer No. *4091*

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.