

No. 300  
10. 48

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12977

BIRTH NO. 24425-54 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Leonard Wood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit</u>	
c. LENGTH OF STAY (in this place) <u>17 hours</u>		d. STREET ADDRESS (If rural, give location) <u>307 East 7th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sonia</u>	b. (Middle) <u>Louise</u>	c. (Last) <u>Cary</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>14 April 1954</u>	9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 RES. Hours	IF UNDER 1 RES. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Leonard Kenneth Cary</u>	13b. MOTHER'S MAIDEN NAME <u>Joyce Louise Yates</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE AND ADDRESS <u>L.A. WHITE, Capt, MSC, US Army Hosp, Ft Wood, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>17 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Absent interatrial septum</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Congenital heart defect</u>  DUE TO (c) <u>Non-fusion of duodenum to jejunum. No ilium. Malrotation of gut.</u>		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>---</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7544</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>---</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>---</u>
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22. I hereby certify that I attended the deceased from 14 April, 1954, to 15 April, 1954, that I last saw the deceased alive on 15 April, 1954, and that death occurred at 7:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. H. Hardie</u> (Degree or title) <u>Capt, MC</u>	23b. ADDRESS <u>US Army Hosp, Ft Leonard Wood, Mo</u>	23c. DATE SIGNED <u>15 Apr 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>April 17-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Atkey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>TARSONY MO</u>
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DATE REC'D BY LOCAL REG. <u>4-16-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Billy Joe Hedges</u> ADDRESS <u>Cracker, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-16-54  
Pulaski County Health Officer  
Date Filed 4-17-54  
File Number

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 J. Cross*

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.