

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16920

State File No.

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>65</u>			
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY <u>Perkins</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Leonard Wood</u>		c. LENGTH OF STAY (If this place) <u>17 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wallace</u>		<u>2260</u> <u>8</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>US Army Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>RR #2, Box 87</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Gerald</u>		b. (Middle) <u>William</u>		c. (Last) <u>Bartmess</u>			
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>4</u>		(Year) <u>1954</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>19 March 1933</u>			
9. AGE (In years last birthday) <u>21</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 1 YEAR Hours <u> </u> Mins. <u> </u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>US Army</u>		11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>			
13a. FATHER'S NAME <u>Unknown (Deceased)</u>				13b. MOTHER'S MAIDEN NAME <u>Alice M. (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L.A. WHITE, Capt. MSC</u> ADDRESS <u>US Army Hospital, Ft Leonard Wood, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>E974X</u>					
20. AUTOPSY? YES ☐ NO ☐									
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Bldg 1434</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fort Leonard Wood</u> <u>Pulaski</u> <u>Missouri</u>		21d. HOW DID INJURY OCCUR? <u>Hung himself with tent rope attached to overhead water pipe in latrine.</u>			
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 4, 1954</u> <u>2:00pm</u>		21f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒							
22. I hereby certify that I attended the deceased from <u>4 June 1954</u> to <u>4 June 1954</u> , and that death occurred at <u>2:00pm</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Charles E. Kohn</u>				23b. ADDRESS <u>US Army Hospital</u> <u>Fort Leonard Wood, Missouri</u>					
23c. DATE SIGNED <u>4 June 1954</u>									
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 5 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ogallala Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ogallala Nebraska</u>			
DATE REC'D BY LOCAL REG. <u>6-5-54</u>		REGISTRAR'S SIGNATURE <u>Paula Grace Anderson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Billy J. Hedger</u>		ADDRESS <u>HELGES FUNERAL HOMES INC CROCKER</u>			
(Licensed Embalmer's Statement on Reverse Side)									

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

6-5-59 Date Filed
6-5-59

6-5-59
Health Officer

JUL 12 1959

JUL 19 1959

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 D. Moer

Licensed Embalmer No. 4896

P. O. Address Waymireville, Mo

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.