No. 300
10.48

FILED AUG 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28575

BIRTH NO. 55205-54 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Leonard Wood
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Army Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pulaski
c. CITY OR TOWN: Fort Leonard Wood
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): US Army Hospital

3. NAME OF DECEASED (Type or Print)
a. (First): Linda
b. (Middle): Kay
c. (Last): Clark

4. DATE OF DEATH (Month) (Day) (Year): August 10, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 8 August 1954
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Fort Leonard Wood, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James C. Clark
13b. MOTHER'S MAIDEN NAME: Evelyn L. Engelbrecht
14. NAME OF HUSBAND OR WIFE: - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: L.A. White, Capt, MSC US Army Hospital Fort Leonard Wood, Mo.

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): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Partial premature separation of placenta
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None

19a. DATE OF OPERATION: - - -
19b. MAJOR FINDINGS OF OPERATION: - - -
7615
20. AUTOPSY? YES ☐ 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* 8 August, 1954, *to* 10 August, 1954, *that I last saw the deceased alive on* 10 August, 1954, *and that death occurred at* 9:15 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): ROBERT H. HARDIE, MD — M.D.
23b. ADDRESS: US Army Hospital Fort Leonard Wood, Missouri
23c. DATE SIGNED: 11 Aug 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug./12/54
24c. NAME OF CEMETERY OR CREMATORY: Crocker Memorial
24d. LOCATION (City, town, or county) (State): Crocker, Missouri

DATE REC'D BY LOCAL REG.: 8-11-54
REGISTRAR'S SIGNATURE: Eula Mae Anderson 458
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hedges Richland MO Hedges Funeral Home Inc. Crocker, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-11-54
Pulaski County Health Officer
File Number
Date Filed 8-14-54

STATEMENT BY LICENSED EMBALMER

Not Embalmed

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 476

P. O. Address Crocker

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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