

FILED OCT 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31468

State File No.

BIRTH NO. 55239-54 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 102

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>Pulaski</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Fort Leonard Wood</u>)		c. LENGTH OF STAY (If in this place) <u>52 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Leonard Wood</u> <u>0850</u>		d. STREET ADDRESS (If rural, give location) <u>0</u> <u>US Army Hospital</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Barbara</u>			b. (Middle) <u>Ann</u>		c. (Last) <u>Hoskins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 25, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>4 August 1954</u>		9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>21</u> Days <u></u>		
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>				
13a. FATHER'S NAME <u>James Marshall Hoskins</u>			13b. MOTHER'S MAIDEN NAME <u>Lucille Anita Nelson</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L.A. WHITE, Capt, MSC</u>		ADDRESS <u>US Army Hosp Ft Leonard Wood, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>---</u> <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>---</u>				INTERVAL BETWEEN ONSET AND DEATH <u>52 days</u>	
19a. DATE OF OPERATION <u>---</u>		19b. MAJOR FINDINGS OF OPERATION <u>---</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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>776X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <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>					
22. I hereby certify that I attended the deceased from <u>25 Sep</u> , 19 <u>54</u> , to <u>25 Sep</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>25 Sep</u> , 19 <u>54</u> , and that death occurred at <u>12:00 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Alexander A. White, MD</u>				23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>		23c. DATE SIGNED <u>26 Sep 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sep 28-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evanton Cem. Evanton</u>		24d. LOCATION (City, town, or county) (State) <u>Illinois</u>			
DATE REC'D BY LOCAL REG. <u>9-28-54</u>		REGISTRAR'S SIGNATURE <u>---</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>---</u>		ADDRESS <u>Wagonwheel</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

8920

mo

RECEIVED 9-28-54
Pulaski County Health Officer
File Number 10-2-54
Date Filed

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 Dross

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 with the above constitutes grounds for revocation of license.)

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