

FILED OCT 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

34920

BIRTH NO. 71936-54 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft. Leonard Wood		c. CITY OR TOWN Fert Leonard Wood	
c. LENGTH OF STAY (in this place) 5 hr 12 min		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Army Hospital		f. STREET ADDRESS U.S. Army Hospital	
3. NAME OF DECEASED (Type or Print) a. (First) Robbie b. (Middle) Wayland c. (Last) Dunlap Jr.		4. DATE OF DEATH (Month) (Day) (Year) October 10 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH October 10, 1954
9. AGE (In years last birthday)	10. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robbie W. Dunlap	13b. MOTHER'S MAIDEN NAME Ava Ann Huggins	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME L.G. White Capt MSC
		ADDRESS USA Army Hosp Ft Leonard Wood

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION / DIRECTLY LEADING TO DEATH* (a) Prematurity	INTERVAL BETWEEN ONSET AND DEATH 5 hr-12 min
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbidity 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.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Oct, 1954, to 10 Oct, 1954, that I last saw the deceased alive on 10 Oct, 1954, and that death occurred at 7:00 A m., from the causes and on the date stated above.

23a. SIGNATURE Jerry R. Owings, Capt, MC	(Degree or title) MD	23b. ADDRESS USA Hosp, Ft. Leonard Wood, Mo.	23c. DATE SIGNED 11 Oct 54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Oct 18-54	24c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery	24d. LOCATION (City, town, or county) (State) Crocker Missouri
DATE REC'D BY LOCAL REG. 10-12-54	REGISTRAR'S SIGNATURE Paula Mae Anderson	25. FUNERAL DIRECTOR'S SIGNATURE Billy Dr Hedger	ADDRESS Richland Suis

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-12-54
Pulaski County Health Office
File Number
Date Filed 10-16-54

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 Student Embalmer No. working under my personal supervision..

Not Embalmed

Student.....
Signature of Student Embalmer

Signed... *Clarence Dross*

Licensed Embalmer No. *489*

P. O. Address *Way...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.