

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5830

State File No.

FILED FEB 16 1955

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 16

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 township) <u>Fort Leonard Wood</u>	c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY OR TOWN <u>Waynesville</u>	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>US Army Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>Oak Park Courts Route #2</u> <u>0850</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Church</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 3, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>N/A</u>	8. DATE OF BIRTH <u>17 July 1954</u>
9. AGE (In years last birthday) <u>6</u>	IF UNDER 1 YEAR Months <u>17</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>N/A</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>N/A</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Robert R. Church</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>ROBERT STALEY 2/LT MSC US Army Hospital Ft Leonard 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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral edema</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Petechial hemorrhages of brain</u> DUE TO (c) <u>Subarachnoid hemorrhage, diffuse</u>		<u>3 days</u> <u>3 days</u>
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 <u>E9020</u> <u>21</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Waynesville Pulaski Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 29, 1955 5:00 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Child fell off table to the floor</u>
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22. I hereby certify that I ~~interviewed~~ ^{saw} the deceased ~~on~~ ^{on} 3 Feb 55, ~~at the residence of the deceased~~ ^{at the residence of the deceased} ~~at~~ ^{at} 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert E. Murdock</u>	23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>	23c. DATE SIGNED <u>4 Feb 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb 5/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holton Michigan</u>
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DATE REC'D BY LOCAL REG. <u>2-5-55</u>	REGISTRAR'S SIGNATURE <u>C. G. Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Billy Joe Hedger, Hedger Funeral Home, Waynesville, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-5-55
Health County Health Officer
File Number
Date Filed 2-18-55

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.....
Signature of Student Embalmer

Signed *Clarence Gross*

Licensed Embalmer No. *4294*

P. O. Address *Wayman*

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.