

FILED MAR 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9158**

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5985** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE New York b. COUNTY 8310	
b. CITY (If outside corporate limits, write RURAL and give township) Fort Leonard Wood U		c. CITY OR TOWN Middle Village	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 Days		e. STREET ADDRESS (If rural, give location) Mo 6208 62nd Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION U S Army Hospital Ft Wood			
3. NAME OF DECEASED a. (First) Dorothy (Type or Print)		b. (Middle) - c. (Last) Wilken	
4. DATE OF DEATH March 15 1955		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 5, 1923		9. AGE (In years last birthday) 31	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) New York.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Archibald Davis		13b. MOTHER'S MAIDEN NAME Alice Frey		14. NAME OF HUSBAND OR WIFE Fred Wilken	
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. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Wilken HDQS. Co. 921 Engr. Grp	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest		INTERVAL BETWEEN ONSET AND DEATH 2 mins.	
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 584X			

19a. DATE OF OPERATION 3/15/55		19b. MAJOR FINDINGS OF OPERATION Chronic Cholecystitis; Cholecystolithiasis		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 **3/14**, **55**, to **3/15**, **1955**, that I last saw the deceased alive on **3/15**, **1955**, and that death occurred at **12:30 P.** from the causes and on the date stated above.

23. SIGNATURE Walter H. Wedges (Degree or title) MD		23b. ADDRESS Fort Leonard Wood, Mo		23c. DATE SIGNED	
---	--	---	--	------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/17/55		24c. NAME OF CEMETERY OR CREMATORY Unknown		24d. LOCATION (City, town, or county) (State) Glendale, New York.	
--	--	--------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. 3-16-55		REGISTRAR'S SIGNATURE Paula Spivey		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter H. Wedges, Waynesville, Mo.	
---	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-16-55
Pulaski County Health Officer
File Number
Date Filed 3-19-55

APR 12 1955

APR 12 1955

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 

Licensed Embalmer No. 4265

P. O. Address Iberia, Miss

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.