

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 25 1955

BIRTH NO. 31102-55 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Fort Leonard Wood, Mo.</b> )		c. CITY OR TOWN <b>Fort Leonard Wood, Mo.</b>	d. Is Residence within limits of a city or incorporated town. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 days</b>		f. STREET ADDRESS (If rural, give location) <b>P.H.A.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>USAB Ft. Leonard Wood</b>			

3. NAME OF DECEASED a. (First) <b>Charles</b> b. (Middle) <b>Raymond</b> c. (Last) <b>Holt</b>			4. DATE OF DEATH (Month) <b>May</b> (Day) <b>23</b> (Year) <b>1955</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>21 May 1955</b>	9. AGE (in years last birthday) <b>2</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>11</b> Hours <b>11</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Fort Leonard Wood, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James R. Holt</b>		13b. MOTHER'S MAIDEN NAME <b>Alida M. Boyd</b>		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Bernard B. Solinger</i> <b>Bernard B. Solinger, Maj, HSC Ft. Wood, Mo.</b>
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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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Immaturity</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DUE TO (b) <b>Premature</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 21 May, 1955, to 23 May, 1955, that I last saw the deceased alive on 23 May, 1955, and that death occurred at 1005 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Bernard B. Solinger, MD</b>	23b. ADDRESS <b>USAB Fort Leonard Wood, Mo</b>	23c. DATE SIGNED <b>23 May 55</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>May 26-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Houston Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Houston (Rural) MO</b>
DATE REC'D BY LOCAL REG. <b>5-23-55</b>	REGISTRAR'S SIGNATURE <i>Paula...</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Hedger Funeral Homes Inc WAYNESVILLE MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 5-23-55

File Number

Alaska County Health Officer

RECEIVED 5-23-55

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.

*not Embalmed*

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Clara Cross*

Licensed Embalmer No. 4796

P. O. Address *Wynnside*

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.