

No. 300  
10.48

FILED JUN 8 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16282

BIRTH NO. <u>37889-55</u>		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>63</u>			
1. PLACE OF DEATH <u>US Army Hosp.</u> a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pulaski</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>7th Leonardwood Mo</u>		c. LENGTH OF STAY (in this place) <u>4 hrs</u>		c. CITY OR TOWN <u>7th Leonardwood Mo.</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>USAH 7th Leonardwood Mo.</u>				No. STREET ADDRESS (If rural, give location) <u>NA.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Stuart</u>		b. (Middle) <u>Simkins</u>		c. (Last) <u>Wood</u>			
4. DATE OF DEATH		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>CAU</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEWBORN</u>			
8. DATE OF BIRTH <u>29 May 55</u>		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NA</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>USAH 7th Leonardwood MO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Stuart S. Wood 7th</u>		13b. MOTHER'S MAIDEN NAME <u>Webster</u>		14. NAME OF HUSBAND OR WIFE <u>NA.</u>			
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 <u>Stuart S. Wood</u>		ADDRESS			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity (7 1/2 mo.)</u> DUE TO (c) <u>-</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>0</u>  <u>4 hrs</u>	
19a. DATE OF OPERATION <u>NA</u>		19b. MAJOR FINDINGS OF OPERATION <u>NA</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		773-5			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NA</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NA</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NA</u>		21f. HOW DID INJURY OCCUR? <u>NA</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NA</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>NA</u>							
22. I hereby certify that I attended the deceased from <u>29 May, 1955</u> , to <u>29 May, 1955</u> , that I last saw the deceased alive on <u>19</u> , 19 <u>55</u> , and that death occurred at <u>1630 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Elmer Butts Capt M.C.</u>				23b. ADDRESS <u>USAH Hospital 7th Leonardwood</u>		23c. DATE SIGNED <u>29 May 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 31-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Crocker Missouri</u>			
DATE REC'D BY LOCAL REG. <u>5-31-55</u>		REGISTRAR'S SIGNATURE <u>Pauline Anderson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelly &amp; Hedger</u>		ADDRESS <u>INC CROCKER MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-31-55  
Public Health Officer  
File Number 6-4-55  
Date Filed 6-4-55

### 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 Jones*

Licensed Embalmer No. *487*

P. O. Address *Waynesville*

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.