

FILED JUN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19680

BIRTH NO.		REG. DIST. NO. <u>290</u>	PRIMARY REG. DIST. NO. <u>5985</u>	Registrar's No. <u>66</u>
1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Indiana b. COUNTY Clay		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft. Leonard Wood, Mo.		c. LENGTH OF STAY (In this place) 2 weeks	c. CITY OR TOWN Coal City	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 US Army Hospital, Ft. Wood, Mo.		f. STREET ADDRESS (If rural, give location) Clay County		
3. NAME OF DECEASED (Type or Print) Harry		a. (First) C	b. (Middle) Ammerman	c. (Last) Ammerman
4. DATE OF DEATH June 5 1955		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		
5. SEX Male	6. COLOR OR RACE White	8. DATE OF BIRTH 8 January 1935	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY U. S. Army	11. BIRTHPLACE (City and State or Foreign Country) Oakland County, Michigan	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Harry Ammerman		13b. MOTHER'S MAIDEN NAME Verna D. (unknown)		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) Yes Since 18 May 55		16. SOCIAL SECURITY NO. Unk		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS C. S. Milligan, Maj, MSC, Ft. Leonard Wood, Mo.
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) Hemorrhage, cerebral, right frontal lobe, massive, and subarachnoid, left cerebral hemisphere and base of brain ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombocytopenia purpura DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 hours 96 hours
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>2 June</u> , 19 <u>55</u> , to <u>5 June</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5 June</u> , 19 <u>55</u> , and that death occurred at <u>09:45 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <i>H. L. Walker Capt. M.C.</i>		23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		23c. DATE SIGNED 5 June 55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 7 55	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) Clay City Indiana
DATE REC'D BY LOCAL REG. 6-7-55		REGISTRAR'S SIGNATURE <i>Paula Grace Anderson</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>B. J. Miller</i> HELGES FUNERAL HOMES INC CROCKER MO

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

6-11-55
6-9-55
RECEIVED
Ferguski County Health Officer
File Number
Date Filed

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 Quase*.....

Licensed Embalmer No. 488

P. O. Address *Weymouth*

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.