

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19695

State File No. ....

BIRTH NO. 3787555 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 71

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 township) OR TOWN <b>Ft. Leonard Wood</b>		c. CITY OR TOWN <b>Ft. Leonard Wood</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)		e. STREET ADDRESS (If rural, give location) <b>0850</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>US Army Hospital, Ft. Leonard Wood</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Terry</b> b. (Middle) <b>Lee</b> c. (Last) <b>Techentien</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 13, 1955</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>---</b>	8. DATE OF BIRTH <b>12 June 1955</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min. <b>14 29</b>
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>US Army Hospital, Ft. Leonard Wood</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Wallace Techentien</b>	13b. MOTHER'S MAIDEN NAME <b>Leta Mae Fleichmann</b>	14. NAME OF HUSBAND OR WIFE <b>---</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>---</b>	17. EMBALMER'S SIGNATURE OR NAME AND ADDRESS <b>W. B. Milligan, Major, MSO, Ft. Leonard Wood, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>14 hrs 29 min</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage, adrenal, bilateral</b>		DUE TO (b) <b>Prematurity</b>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>7605</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <b>---</b>	19b. MAJOR FINDINGS OF OPERATION <b>---</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 June 12, 1955, to June 13, 1955, that I last saw the deceased alive on June 13, 1955, and that death occurred at 12:15 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Medical Delegr Capt MC</b>	23b. ADDRESS <b>US Army Hospital, Ft. Wood, Mo.</b>	23c. DATE SIGNED <b>13 June 55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>JUNE 13-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CROCKER MEMORIAL CROCKER</b>	24d. LOCATION (City, town, or county) (State) <b>Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6-13-55</b>	REGISTRAR'S SIGNATURE <b>458</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>B. Hedges Richland Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-13-55  
Public Health Officer  
Date Filed 6-18-55  
File Number

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 *Clarence J. Moss*

Licensed Embalmer No. .... *488*

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.