

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23218

State File No. _____

FILED AUG 12 1955

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE New York b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give name of township) OR TOWN Ft. Leonard Wood, Mo.		c. CITY OR TOWN Jerico, L.I.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS (If rural, give location) 235 Halsey	

3. NAME OF DECEASED (Type or Print)	a. (First) Harold Mack	b. (Middle) Fields	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) August 4, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/8/1917	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) control mgr.	10b. KIND OF BUSINESS OR INDUSTRY Lily Tulip	11. BIRTHPLACE (City and State or Foreign Country) Brooklyn New York	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jack Feldberg	13b. MOTHER'S MAIDEN NAME Lillian Morrison	14. NAME OF HUSBAND OR WIFE unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give date of service) Yes W.W.II	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Jack Dubrow	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture and chrushing injuries result plane crash		
	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"/>
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21a. ACCIDENT (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ft Wood	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ft Wood 085 Pulaski Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 4 55 p338	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Airplane CRASH
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22. I hereby certify that I attended the deceased from on Aug. 4, 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:33 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) County coroner	23b. ADDRESS Richland, Missouri	23c. DATE SIGNED 8/8/55
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24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Removal	24b. DATE 8/8/55	24c. NAME OF CEMETERY OR CREMATORY unknown	24d. LOCATION (City, town, or county) (State) New York Brooklyn NY
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DATE REC'D BY LOCAL REG. 8-8-55	REGISTRAR'S SIGNATURE Pauline Anderson	458	25. GENERAL DIRECTOR'S SIGNATURE _____ ADDRESS Funeral Home Crocker, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
No. 48

Date Filed 8-8-55
File Number

Pulaski County Health Officer

RECEIVED 8-8-55

AUG 18 1955
AUG 23 1955
AUG 16 1955

SEP 1 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 *Walter O. Nease*

Licensed Embalmer No. 476
P. O. Address *Herod*

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.