

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30428**

FILED OCT 6 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Virginia</b> b. COUNTY <b>Augusta</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Fort Leonard Wood</b>		c. CITY OR TOWN <b>Staunton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		f. STREET ADDRESS (If rural, give location) <b>231 Thompson Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Post sawmill Fort Leonard Wood, Missouri</b>		8418	
3. NAME OF DECEASED a. (First) <b>Peter</b> b. (Middle) <b>William</b> c. (Last) <b>Smallwood</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>September 28, 1955</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cau</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>November 19, 1922</b>
9. AGE (In years last birthday) <b>33</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Soldier</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>US Army</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Weyers Cave, Virginia</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Eleanor Smallwood</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>19 Jun 52 to date</b>	17. INFORMANT'S SIGNATURE OR NAME <b>US Army Hospital</b> <b>W. M. Ligan, Major, MSC, Ft. Leonard Wood, Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Bisection, complete of body through level of 1st lumbar vertebra, with abdominal evisceration.</b> INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		DUE TO (b) <b>9/28/10</b>	
II. OTHER SIGNIFICANT CONDITIONS <b>Wound, lacerated, multiple, arms and legs, bilateral.</b>		DUE TO (c)	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <b>accident</b> (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Post sawmill</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Fort Leonard Wood, Pulaski, Missouri</b> (STATE) <b>Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sep 28, 1955 10:55a.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Slipped and fell into saw blade.</b>	
22. I hereby certify that I attended the deceased from <b>28 Sep 1955</b> to <b>28 Sep 1955</b> and that death occurred at <b>10:55a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. M. Ligan</b> (Degree or title) <b>Major, MSC</b>		23b. ADDRESS <b>US Army Hospital Fort Leonard Wood, Missouri</b>	23c. DATE SIGNED <b>28 Sep 55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Sep 30 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Unknown</b>	24d. LOCATION (City, town, or county) (State) <b>Staunton Virginia</b>
DATE REC'D BY LOCAL REG. <b>9-29-55</b>	REGISTRAR'S SIGNATURE <b>Paula Ann Anderson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Billy J. Hedger</b> ADDRESS <b>Rackland, Mo</b>	

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

RECEIVED 9-29-55  
Pulaski County Health Officer  
File Number 10-1-55  
Date Filed 10-1-55

JAN 10 1956

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.....  
*Clara Gross*

Licensed Embalmer No. 482

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.