

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 34355

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>145</u>	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Pennsylvania b. COUNTY Philadelphia			
b. CITY OR TOWN Ft Leonard Wood, Mo		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Philadelphia		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Near range 12, Ft Wood, Mo				e. STREET ADDRESS (If rural, give location) 929 Green Street			
3. NAME OF DECEASED (Type or Print) a. (First) Floyd		b. (Middle) Thomas		c. (Last) Burton		4. DATE OF DEATH (Month) (Day) (Year) Oct 12 1955	
5. SEX Male		6. COLOR OR RACE Negroid		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 7 Sep 1937	
9. AGE (In years last birthday) 18		10. IF UNDER 1 YEAR Months		11. IF UNDER 1 YEAR Days		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army		11. BIRTHPLACE (City and State or Foreign Country) Anderson, South Carolina		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Floyd Burton		13b. MOTHER'S MAIDEN NAME Ella Mae (Unknown)		14. NAME OF HUSBAND OR WIFE N/A			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 10 Jan 55 - Pres		17. DECEASED'S SIGNATURE OR NAME US Army Hospital		18. DATE OF DEATH Oct 12 1955	
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) 1. Edema, pulmonary traumatic 2. Hemorrhage, pulmonary, massive, traumatic. b. Contusion of left lung c. Hemorrhage into anterior mediastinum II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 22 Oct 55		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☒ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Range 12, Ft Wood		21c. (CITY, TOWN, OR TOWNSHIP) Fort Leonard Wood (COUNTY) Pulaski (STATE) Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 12, 55 0330 AM		21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? Truck Accident			
22. I hereby certify that I caused the deceased ON 12 Oct , 19 55 , at 0330 AM , from the causes and on the date stated above.							
23a. SIGNATURE Anthony Delgado		23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		23c. DATE SIGNED 12 Oct 55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct 14 1955		24c. NAME OF CEMETERY OR CREMATORY Anderson Cemetery		24d. LOCATION (City, town, or county) (State) Anderson South Carolina	
DATE REC'D BY LOCAL REG. 10-13-55		REGISTRAR'S SIGNATURE Clara Mae Anderson		25. FUNERAL DIRECTOR'S SIGNATURE W. J. Hedges ADDRESS 1225 S. E. Hedges INC CROCKER MO			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-13-55
Folsom County Health Officer
File Number
Date Filed 10-15-55

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 Thore*

Licensed Embalmer No. *4896*
P. O. Address *Wayneville*

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.