

FILED OCT 19 1955

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

34366

State File No. _____

 BIRTH NO. 67819-55 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Leonard Wood, Mo.</u>		c. CITY OR TOWN <u>Ft. Leonard Wood</u>	d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>US Army Hospital</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Earl</u> c. (Last) <u>Willis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 13, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>October 11, 1955</u>
9. AGE (In years last birthday) <u>45</u>		10. HOURS <u>40</u> MIN. <u>40</u>	
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) <u>US Army Hospital, Ft. Leonard Wood</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>William Willis</u>	13b. MOTHER'S MAIDEN NAME <u>Lillian Fagena</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>W. M. Milligan, Major, MSC, Ft. Leonard Wood, Mo.</u>

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) <u>Congenital heart disease: tetralogy of Fallot and atresia of the pulmonary artery.</u> ANTECEDENT CAUSES <u>Fallot and atresia of the pulmonary artery.</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7540</u>		INTERVAL BETWEEN ONSET AND DEATH <u>45 hrs 40 min</u>
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES ☒ NO ☐
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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 11 October 1955, to 13 October 1955, that I last saw the deceased alive on 13 October 1955, and that death occurred at 03:50 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard A. Wilson, M.D.</u>		23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>		23c. DATE SIGNED <u>13 Oct 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct 14-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Crocker Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-13-55</u>	REGISTRAR'S SIGNATURE <u>Paula Spivey Anderson</u>	458	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Hedges</u>	ADDRESS <u>Crocker, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-13-55
Pulaski 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 Jones*

Licensed Embalmer No. *407*

P. O. Address *Wagonville*

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.