

FILED FEB 23 1956

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

5900

State File No.

BIRTH NO. 5857055 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 22

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</u>		c. CITY OR TOWN <u>Fort Leonard Wood</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>US Army Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0550</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ann</u> b. (Middle) <u>Marie</u> c. (Last) <u>Burgess</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 17, 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cau</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>17 September 1955</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>N/A</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>N/A</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Donald G. Burgess</u>	13b. MOTHER'S MAIDEN NAME <u>Carolyn May Neveau</u>	14. NAME OF HUSBAND OR WIFE <u>N/A</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>N/A</u>	16. SOCIAL SECURITY NO. <u>N/A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>G.B. Milligan, Major, MSC, Fort Leonard Wood, Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown</u> <u>Meningitis chronic type of organism</u> ANTECEDENT CAUSES <u>Meningomyelocele</u> <u>Hydrocephalus</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hydrocephalus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>3403</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 10 February 1956, to 17 February 1956, that I last saw the deceased alive on 17 February 1956, and that death occurred at 1:25a m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.R. Walker Capt. M.C.</u>	(Degree or title) <u>Capt. M.C.</u>	23b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>	23c. DATE SIGNED <u>17 Feb 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/19/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crocker Memorial Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Crocker Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-18-56</u>	REGISTRAR'S SIGNATURE <u>Paula Grace Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hedges</u>	ADDRESS <u>W. H. Hedges Funeral Home Crocker, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-18-56
Alaska County Health Officer
File Number
Date Filed 2-18-56

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 F. Cross

Licensed Embalmer No. 48

P. O. Address Waycross

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.