FILED FEB 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5908

State File No.

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ft. Leonard Wood, Mo.
c. LENGTH OF STAY (in this place) 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) US Army Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE New York
b. COUNTY Kings
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Huntington Station Long Island
d. STREET ADDRESS (If rural, give location) 18 3rd Avenue

8310 9

3. NAME OF DECEASED (Type or Print)
a. (First) Jeanne
b. (Middle) Marie
c. (Last) Lauro

4. DATE OF DEATH (Month) (Day) (Year) February 6, 1956

5. SEX Female
6. COLOR OR RACE Cau
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Not Applicable
8. DATE OF BIRTH December 7, 1955
9. AGE (In years last birthday) 0 — IF UNDER 1 YEAR: Months 1, Days 30 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not Applicable
10b. KIND OF BUSINESS OR INDUSTRY Not Applicable
11. BIRTHPLACE (State or foreign country) ~~Missouri~~ Texas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Michael S. Lauro
13b. MOTHER'S MAIDEN NAME Barbara Sanders
14. NAME OF HUSBAND OR WIFE Not Applicable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Not Applicable
17. INFORMANT'S SIGNATURE OR NAME Cornelius F. Reardon, 2nd Lt. MSC — US Army Hospital

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hemorrhage, Diffuse and Extensive.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hematoma of Forehead.
DUE TO (c) Contusion Right Side of Face and Vertex of Scalp.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Subarachnoid Hemorrhage, Diffuse, and Marked Cerebral Edema

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

9369 46

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Automobile
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ft. Leonard Wood, Pulaski, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 4, 1956 10 Pm. Prior
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? Child's head struck steering wheel while being fed by father.

22. *I hereby certify that I attended the deceased from* 4 February, 1956, *to* 6 February 1956, *that I last saw the deceased alive on* 6 February 1956, *and that death occurred at* 5:10 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Anthony J. Deligo Capt MC
23b. ADDRESS US Army Hospital Ft. Leonard Wood, Missouri
23c. DATE SIGNED 6Feb56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-9-1956
24c. NAME OF CEMETERY OR CREMATORY Rolla,
24d. LOCATION (City, town, or county) (State) Rolla, Phelps, Missouri.

DATE REC'D BY LOCAL REG. 2-9-56
REGISTRAR'S SIGNATURE Eula Mae Anderson
25. FUNERAL DIRECTOR'S SIGNATURE Carl J. Glenn
ADDRESS 1100 Elm, Rolla, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-9-56
Pulaski County Health Officer
File Number
Date Filed 3-11-56

MAR 15

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 .....

..... Mo., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.