No. 300
10.48

FILED FEB 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5912

BIRTH NO. 58701-55 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Leonard Wood, Mo.
c. LENGTH OF STAY (in this place):
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: Michigan
b. COUNTY: Berrian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Niles
d. STREET ADDRESS (If rural, give location): 102 Stowes Court

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3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): L.
c. (Last): Wandrey

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

5. SEX: Male
6. COLOR OR RACE: Cau
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ——
8. DATE OF BIRTH: 16 September 1955
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 4 Days 18; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ——
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Fort Leonard Wood, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Edward W. Wandrey
13b. MOTHER'S MAIDEN NAME: Tomie Rikiishi
14. NAME OF HUSBAND OR WIFE: ——

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: ——
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: D.J. Christian, CWO, USA, Fort Leonard Wood, Mo. 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): Meningococcemia

ANTECEDENT CAUSES
Morbid 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.

INTERVAL BETWEEN ONSET AND DEATH

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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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* on 4 February, 1956, ~~XXXXXXXXXXXXXXXX~~, *that I last saw the deceased alive on* 4 February, 1956, *and that death occurred at* 9:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Capt MC
23b. ADDRESS: US Army Hospital, Fort Leonard Wood, Missouri
23c. DATE SIGNED: 4 Feb 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/7/56
24c. NAME OF CEMETERY OR CREMATORY: Niles, Michigan
24d. LOCATION (City, town, or county) (State): Niles, Michigan

DATE REC'D BY LOCAL REG.: 2-7-56
REGISTRAR'S SIGNATURE: Eula Mae Anderson 45
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: [signature] Hedges Richland, Mo. Hedges Funeral Home Cracker, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 17 1956

RECEIVED 2-9-56
Wabash County Health Officer
File Number
Date Filed 2-11-56

JAN 8 1958

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 .....
Student Embalmer

Signed Clarence E Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, Mo

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