

FILED MAR 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5913

State File No.

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Webster</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Leonard Wood</u>		c. LENGTH OF STAY (in this place) <u>9 days</u>		c. CITY OR TOWN <u>Ft. Dodge</u>		d. Is Residence within limits of a city or incorporated town? <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>806 North 21st Street</u> \$1408			
3. NAME OF DECEASED (Type or Print) <u>Frank</u>		a. (First) <u>Frank</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Young</u>	
4. DATE OF DEATH <u>February 21, 1956</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Cau</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>28 June 1913</u>		9. AGE (in years last birthday) <u>42</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Deceased</u>		13b. MOTHER'S MAIDEN NAME <u>Anna E. (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Genevieve Young</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>US Army Hospital</u> <u>C.B. 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>Esophageal varices with hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Portal Cirrhosis</u> DUE TO (c) <u>Chronic Alcoholism</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hydrothorax, Ascites.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>15 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5811</u>				20. AUTOPSY? <u>YES</u> <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <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 <u>February 12, 1956</u> , to <u>February 21, 1956</u> , that I last saw the deceased alive on <u>February 21, 1956</u> , and that death occurred at <u>5:26 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William Daley, Capt MC</u>		(Degree or title)		23b. ADDRESS <u>US Army Hospital</u> <u>Fort Leonard Wood, Missouri</u>		23c. DATE SIGNED <u>21 Feb 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb 22, 56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fort Leona Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fort Dodge Iowa</u>	
DATE REC'D BY LOCAL REG. <u>2-22-56</u>		REGISTRAR'S SIGNATURE <u>Paula Gray Anderson</u>		498		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Hedger</u> ADDRESS <u>Crocker Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-22-56
FILED 2-25-56
Date Filed
File Number
Harris County Health Officer

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 J. Moss*

Licensed Embalmer No. *429*

P. O. Address *Waymire*

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.