

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10189**

BIRTH NO.		REG. DIST. NO. 290	PRIMARY REG. DIST. NO. 5985	Registrar's No. 42
1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Michigan b. COUNTY Wayne		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Leonard Wood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Detroit		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If rural, give location) 2354 tuxedo		
3. NAME OF DECEASED (Type or Print) Thomas		a. (First)	b. (Middle) McDwen	c. (Last)
4. DATE OF DEATH April 1, 1956				
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 15 September 1937	9. AGE (In years last birthday) 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (State or foreign country) Detroit, Michigan	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Deceased		13b. MOTHER'S MAIDEN NAME Inez (unknown)	14. NAME OF HUSBAND OR WIFE N/A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME US Army Hospital	
(If yes, give war or dates of service) 1 Mar 56 to date		ADDRESS C.B. Michigan, Major, MSO, Fort Leonard Wood, Mo		
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) Meningococcemia with bilateral adrenal hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
		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 Pulmonary Edema		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <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)		0571
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 on on 1 April , 19 56 , to _____, 19____, that I last saw the deceased alive on 1 April , 19 56 , and that death occurred at 12:25am. , from the causes and on the date stated above.				
23a. SIGNATURE Anthony J. Salez, Capt MC		23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		23c. DATE SIGNED 2 Apr 56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/3/56	24c. NAME OF CEMETERY OR CREMATORY Detroit, Michigan	24d. LOCATION (City, town, or county) (State) Detroit Michigan	
DATE REC'D BY LOCAL REG. 4-3-56	REGISTRAR'S SIGNATURE Paula E. Anderson	25. FUNERAL DIRECTOR'S SIGNATURE Edgar Richland ADDRESS Hedges Funeral Home Crocker, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 4-7-56
File Number

Office No. 11-3-56

APR 10 1956

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 Moss

Licensed Embalmer No. 4896

P. O. Address Wynona, Mo

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

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