

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14281

State File No.

BIRTH NO. 26216-56 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Leonard Wood		c. LENGTH OF STAY (in this place) 3 hrs 35 mins		c. CITY OR TOWN Fort Leonard Wood	
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital		e. STREET ADDRESS (If rural, give location) 228 Eldon Ct, Lieber. Heights			
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Vincent c. (Last) Timpe			4. DATE OF DEATH (Month) (Day) (Year) April 25, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 25 April 1956	9. AGE (In years last birthday) 5	10. UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A	10b. KIND OF BUSINESS OR INDUSTRY N/A	11. BIRTHPLACE (City and State or Foreign Country) Fort Leonard Wood, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Malcolm Joseph Timpe		13b. MOTHER'S MAIDEN NAME Jimee June Kuppinger		14. NAME OF HUSBAND OR WIFE N/A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) N/A	16. SOCIAL SECURITY NO. N/A	17. INFORMANT'S SIGNATURE OR NAME US Army Hospital E. P. Hilligan, Major, MSU, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMORRHAGE, adrenal bilateral, probably due to immaturity				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7715				
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)	
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 on April 25 , 19 56 , to _____, 19____, that I last saw the deceased alive on April 25 , 19 56 , and that death occurred at 3:35p m. , from the causes and on the date stated above.					
23a. SIGNATURE F.T. Fiedorek		(Degree or title) MC		23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	23c. DATE SIGNED 25 April 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 27 56	24c. NAME OF CEMETERY OR CREMATORY Crocker Cemetery	24d. LOCATION (City, town, or county) (State) Crocker Missouri		
DATE REC'D BY LOCAL REG. 4-27-56	REGISTRAR'S SIGNATURE Paula Jean Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Hedges Funeral Homes Inc ADDRESS HEDGES FUNERAL HOMES INC CROCKER		

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

458

Date Filed 4-28-52
File Number 4-39-52
County Health Officer 4-39-52

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 Drown

Licensed Embalmer No... 482

P. O. Address Waynesville

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.