FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17357

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Leonard Wood 0
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: Texas
b. COUNTY: Dewitt 8420
c. CITY OR TOWN: Yorktown
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 8
e. STREET ADDRESS (If rural, give location): Route #1, Box 7

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Daniel
c. (Last): Vargas

4. DATE OF DEATH (Month) (Day) (Year): May 17 1956

5. SEX: Male 0

6. COLOR OR RACE: Cau

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0

8. DATE OF BIRTH: January 13, 1937

9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Yorktown, Texas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Manuel Vargus

13b. MOTHER'S MAIDEN NAME: Leonor (Unknown)

14. NAME OF HUSBAND OR WIFE: N/A

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 22Apr55 to date

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: [signature] US Army Hospital C.B.Milligan, Major, MSC, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage traumatic (exsanguination) — 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) Wound, missle, gunshot, calibre unknown thru right shoulder, with laceration of subclavian vein right

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Fracture, clavicle and scapula right

19a. DATE OF OPERATION: May 17, 1956

19b. MAJOR FINDINGS OF OPERATION: Tracheotomy

085 9198 43

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Undetermined

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Company area

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Fort Leonard Wood Pulaski Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Undetermined

22. *I hereby certify that I* ~~attended~~ saw *the deceased* ~~from~~ on 17 May, 1956, ~~[illegible]~~ *and that death occurred at* 10:15p *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: 18 May 56

24a. BURIAL, CREMATION, REMOVAL (Specify): ~~[illegible]~~ Removal

24b. DATE: 5-19-56

24c. NAME OF CEMETERY OR CREMATORY: Yorktown Cemetery

24d. LOCATION (City, town, or county) (State): Yorktown Texas

DATE REC'D BY LOCAL REG.: 5-18-56

REGISTRAR'S SIGNATURE: Eula Mae Anderson

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Billy Jr. Hodges Crockett Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-18-52
Pulaski County Health Officer
File Number
Date Filed 5-26-52

JUN 1 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Clarence Gross

Licensed Embalmer No. 489

P. O. Address Waynesv

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.