

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File **21534**

No. 300
10.48

FILED JUL 10 1956

BIRTH NO. 47680-56 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 83

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) 1 hour	c. CITY OR TOWN Fort Leonard Wood
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)		0850	

3. NAME OF DECEASED (Type or Print)	a. (First) Arvil	b. (Middle) Sam	c. (Last) Wilson Jr.	4. DATE OF DEATH (Month) (Day) (Year) July 1, 1956
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5. SEX Male	6. COLOR OR RACE Can	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 1 July 1956	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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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
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13a. FATHER'S NAME Arvil S. Wilson	13b. MOTHER'S MAIDEN NAME Anna Schleder	14. NAME OF HUSBAND OR WIFE n/a
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME (If signature, give name and address) R. T. Burbeck, OWO, USA, Fort Leonard Wood, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complications which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra-uterine Anoxia		
	ANTECEDENT CAUSES DUE TO (b) Premature labor DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1 July, 1956, to _____, 19____, that I last saw the deceased alive on 1 July, 1956, and that death occurred at 3:35 p m., from the causes and on the date stated above.

23a. SIGNATURE Perene H. Stamos, Capt. MC	23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	23c. DATE SIGNED 1 July 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/3/56	24c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cemetery, Crocker, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 7-2-56	REGISTRAR'S SIGNATURE Gula Mae Anderson	25. FUNERAL HOME'S SIGNATURE AND ADDRESS Hedges Funeral Home Crocker, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

498

(Licensed Embalmer's Statement on Reverse Side)

~~FILED~~
FILE NUMBER 4-9-56
83
Pulaski County Health Officer
RECEIVED 4-9-56

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 Gross*

Licensed Embalmer No: 4896

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.