

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27892

State File No. _____

FILED AUG 16 1956

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Louisiana</u> b. COUNTY <u>Unknown</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Ft Leonard Wood, Mo.</u>)	c. LENGTH OF STAY (in this place) <u>40 Min</u>	c. CITY OR TOWN <u>Waterproof</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U S Army Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>Post Office Box # 436</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>WESLEY</u>	c. (Last) <u>BATES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 4 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negroid</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 21, 1927</u>	9. AGE (In years last birthday) <u>28</u>	if UNDER 1 YEAR Months Days	if UNDER 2 Hrs. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U S Army</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Waterproof, Louisiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Robert Bates</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>[Signature]</u>	ADDRESS <u>4517 Wood 32 Wood 20</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Wound, gunshot, about 38 calibre, left</u>	INTERVAL BETWEEN ONSET AND DEATH <u>55 Min</u>
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*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) <u>lower quadrant of abdomen with ILIAC</u>
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>severence right external artery</u>
ii. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <u>and multiple perforations small</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>bowel.</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Cactus Club</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Highway 17 Pulaski Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>August 4 1956 1:15 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gun shot</u>
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22. I hereby certify that I attended the deceased from August 4, 1956, to _____, 19____, that I last saw the deceased alive on 4 AUG 1956, and that death occurred at 2:10 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Magdi Ghaleb</u>	(Degree or title) <u>CAPT. M.C.</u>	23b. ADDRESS <u>U.S.A.H. FIAT LEONARD WOOD</u>	23c. DATE SIGNED <u>4 AUG 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-6-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Wallulah Louisiana</u>
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DATE REC'D BY LOCAL REG. <u>8-6-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Hedges Funeral Homes Inc Crocker Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
8-11-56
Pulaski County Health Officer
File Number 99
Date Filed 8-9-56

SEP 7
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
Signature of Student Embalmer

Signed *Clarence Stross*

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.