THEO SEP 6 1956  STANDARD CERTIFICATE OF DEATH  3 1 59 5 Registration District No. 200. Primary P		THE DIVISION (	OF HEALTH OF MISSOURI	- 278	<b>394</b>	
1. PLACE OF DEATH    COUNTY   Pulask1		FILED SEP 6 1956 STANDARD CE	RTIFICATE OF DEATH	STATE EN E MIL		
b. CITY (If outside copporate limits, give TOWNSHIP only) Inside Limits  b. CITY (If outside copporate limits, give TOWNSHIP only) Inside Limits  TOWN FORT Leonard Wood Viss Not TOWN Fort Leonard Wood Of Leonard Wood Of Leonard Wood Of Town Fort Leonard Wood Of	L	53459-56 Registration District No. 290	Primary Registration District No. 5			
TOWN FORT Leonard Wood STATE TOWN FORT Leonard Wood OS (FILE NAME OF (If NOT inhospited, give leocition) Length of stay in 1b (Institution State of the state of state of the NOSPITAL OR STAY HOSPITAL HOSPITAL OR STAY HOSPITAL H	[		II' - STATE	STATE COUNTY Odmission)		
C. FULL NAME OF (II NOT in hospital, give location)  NSTITUTIONUS Army Hospital  9 days  Address US Army Hospital  19 days  Address US Army Hospital  19 days  Address US Army Hospital  10 day Year  No. NAME OF Pitt  Robert  JOSEPh  Campos Jr.  Campos Jr.  Campos Jr.  Safe C. Color or race  White  White  Whospital  10 depth Ounceron Name of the white of work days  Grant Marie Ville or white of working life, each if retired  No. Name of working life, each if retired and life to common of life life of working life, each if retired  No. Name of working life, each if retired and life life of working life, each if retired life life life life life  No. Name of working life, each if retired life life life  No. Name of working life, each if retired life  No. Name of working life, each if retired l		b CITY (If outside corporate limits, give TOWNSHIP only) Inside OR	Limits c. CITY	,	Inside Limits	
MARKE OF   First   Middle   Middle   Month Open   Month	┞	c. FULL NAME OF (If NOT in hospital, give location) Length of sta	v in 1b		9	
DECRASE OF TYPE OF PIRITY    Type of Pirity		INSTITUTION US Army Hospital 9 day				
Type or print    Robert   Joseph   Campos Jr.   Déath August 27, 1956			Last 4.		Day Year	
Male White wide with a wide work down to the wide wide wide with a wide work down to the work the wide wide wide wide wide wide wide wid	L	(Type or print) Robert , Joseph		DEATH August 2		
102. USUAL OCCUPATION (Gibe kind of work done)  NA  FORT LOONED WOOD, MISSOURI USA  FORT LOONED WOOD, MISSOURI USA  11. FATHER'S MAME  ROBERT J. CAMPOS. Sr.  15. WAS DECEASED EVER IN U.S. ARMED FORCES:  16. SOCIAL SECURITY NO.  17. HAVERS MAIDE IN AME  ROBERT J. CAMPOS. Sr.  18. SOCIAL SECURITY NO.  17. HAVERS MAIDE IN AME  RATE I. DEATH (Enter only one cause per line for (a), (b), and (c), 1  PART I. DEATH WAS CAUSED DY:  1. BROUNDING WOOD, MISSOURI USA  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1  PART I. DEATH WAS CAUSED DY:  1. BROUNDING WOOD, MISSOURI LOONED WOOD, (c), and (c), 1  PART I. DEATH WAS CAUSED DY:  1. BROUNDING WOOD, MISSOURI LOONED WOOD, (c), and (c), 1  PART I. DEATH WAS CAUSED DY:  1. BROUNDING WOOD, MISSOURI LOONED WOOD, (c), and (c), 1  PART I. DEATH WAS CAUSED DY:  1. BROUNDING WOOD, MISSOURI LOONED WOOD, (c), and (c), 1  PART I. DEATH WAS CAUSED DY:  1. BROUNDING WOOD, MISSOURI LOONED WOOD, (c), and (c), 1  PART II. DEATH WAS CAUSED DY:  1. BROUNDING WOOD, MISSOURI LOONED WOOD, (c), and (c), 1  PART II. DEATH WAS CAUSED DY:  1. BROUNDING WOOD, MISSOURI LOONED WOOD, (c), and (c), 1  PART II. DEATH WAS CAUSED DY:  1. BROUNDING WOOD, MISSOURI LOONED WOOD, (c), and (c), 1  PART II. DEATH WAS CAUSED DY:  1. BROUNDING WOOD, MISSOURI LOONED WOOD, (c), and (c), 1  PART II. DEATH WAS CAUSED DY:  1. BROUNDING WOOD, MISSOURI LOONED WOOD, (c), and (c), 1  PART II. DEATH WAS CAUSED DY:  1. BROUNDING WOOD, MISSOURI LOONED WOOD, (c), and (c), 1  PART II. DEATH WAS CAUSED DY:  1. BROUNDING WOOD, (c), and (c), 1  PART II. DEATH WAS CAUSED DY:  1. BROUNDING WOOD, (c), and (c), 1  PART II. DEATH WAS CAUSED DY:  1. BROUNDING WOOD, (c), and (c), c), and (c),	ļ		ı	1 14 1/2-11 11 11		
13. FATHER'S NAME  ROBERT J. CAMPOS. ST.  15. MAS DECEASED EVER IN U.S. ARMED FORCES! (Ver. no. or unbiased) (U.S. ARMED FORCES) (Ver. or unbia	100	a. USUAL OCCUPATION (Give kind of work done 106, KIND OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (City and state or cour	ntey) C 12. CITIZEN	OF WHAT COUNTRY?	
Sarah L. Yenk   Sarah L. Yen		N/A	Fort Leonard Wood	, Missouri	USA	
15. WAS DECEASED EVER IN U. S. ARKED FORCES! [16. SOCIAL SECURITY NO. II. HYPERIANT Address US Army Hospital (ver. no. or unkneam) (if yes. dies war or dates of started above; and to the best of my knowledge, from the causes stated above; and to the best of my knowledge. From the causes stated above; and to the best of my knowledge. From the causes stated above; and to the best of my knowledge. From the c	13.	. FATHER'S NAME			•	
N/A  II. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  III. CAUSE OF DEATH MAS CAUSED BY  I. Bronchopneumonia  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise, to obout cause (a), slating the under-lying cause last.  Due to (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART III. OTHER SIGNIFICANT CONTRIBUTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a)  PART				(departs )	77 4 4 . 3	
1. CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY: 1. Bronchopneumonia   ONSET AND DEATH ONSET AND DEA	( Y	'es, no. or unknown) (If yes, give war or dates of service)				
PART I. DEATH WAS CAUSE (a)  Condition, if gark, which gaze risk to above cause (b)  DUE TO (b)  Promaturity  which gaze risk to above cause (c)  Saling the under- lying cause last.  DUE TO (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)  PREFORMED  YES \( \begin{array}{c} \) NO. \( \begin{array}{c} \) A. CLIDENT  D. TIME OF Hour. Month, Day, Year  WHILE AT \( \begin{array}{c} \) NOT WHILE \( \begin{array}{c} \) A. CLIDENT  AT WORK  20. PLACE OF INJURY (c. g., in or about home., p. m.  20. NOT WHILE \( \begin{array}{c} \) A. WORK  WHILE AT \( \begin{array}{c} \) NOT WHILE \( \begin{array}{c} \) A. TWORK  21. I attended the deceased from August 19, 1956, to August 27, and last saw him alive on 27 August  22. SIGNATURE  22. SIGNATURE  22. SIGNATURE  (Degree or/fittle)  (Degree or/fittle)  (C. Degree or/fittle)  (C. D	_					
20a. ACCIDENT: SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME. OF Hour. Month. Day, Year INJURY of a.m. p.m.  20d. INJURY OCCURRED WHILE AT NOT WHILE AT	ž	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  Due to (b) Prematurity  Due to (c)	,		A Super Tixonov	
20c. TIME OF Hour. Month, Day, Year INJURY a. m.  20d. INJURY OCCURRED WHILE AT   NOT WHILE   farm, factory, street, office bldg., etc.)  21. I attended the deceased from August 19, 1956, to August 27 and last saw him alive on 27 August Death occurred at 2:15. As m on the date stated above; and to the best of my knowledge, from the causes stated 22a. SIGNATURE  (Degrée or/fifte)  22d. BURIAL, CREMATION, 23D. DATE (State)  23d. BURIAL, CREMATION, 23D. DATE (State)  24. EUNERAL DIRECTOR OF CREMATION, ACCOUNTY STATE  (State)  25d. EUNERAL DIRECTOR OF CREMATION, ACCOUNTY STATE  (State)  26d. REMISTRAR'S SIGNATURE  (State)  27 August (State)  28d. EUNERAL DIRECTOR OF CREMATION, ACCOUNTY OF COUNTY OF CO	CAT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVE	7/25	PERFORMED	
20c. TIME OF Hour. Month, Day, Year INJURY a. m.  20d. INJURY OCCURRED  WHILE AT   NOT WHILE   farm, factory, street, office bldg., etc.)  21. I attended the deceased from Algust 19, 1956, to Algust 27 and last saw him alive on 27 August  Desth occurred at   2:15, As monthed ate stated above; and to the best of my knowledge, from the causes stated 22a. SIGNATURE   Destroyed or filter   Captible Continue   Captible Continue	CERTIF	1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
20d. INJURY OCCURRED  WHILE AT INOT WHILE IN AT WORK  21. I attended the deceased from Algust 19, 1956, to August 27 and last saw him alive on 27 August  Death occurred at 2:15. As months date stated above; and to the best of my knowledge, from the causes stated 22a. SIGNATURE  (Degrice or fitte)  (Degric		INJURY a.m.	<u> </u>		٠.	
Death occurred at	X .	WHILE AT   NOT WHILE   farm, factory, street, office bidg., etc		COUNTY	STATE	
Death occurred at 215 As monthe date stated above; and to the best of my knowledge, from the causes stated 22a. SIGNATURE (Degrie or ettite) (22b. ADDRESS US Army Hospital 22c. DATE SIGNED (22b. ADDRESS US Army Hospital 22c. DATE SIGNED 27 Aug 5 23a. Burial, CREMATION. 23b. DATE (23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAMON (City, tourn. or county) (State) 25c. ACCORDING (City, tourn. or county) (State) 25c. EUNERAL DIRECTOR (City, tourn. or county) 25c. EUNERAL DIRECTOR (City, tourn. or		21. I attended the deceased from August 19, 1956, to August 27 and last saw him alive on 27 August				
Chamber County Wood, Missouri 27 Aug 5  23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCAMON (City, tourn. or county) (State)  Principal 27 Acc 9-56 Fort Juneal Wood Cemetry Ft. (Wood 70c)  24. EUNERA JUNE FT. (Wood 70c)  24. EUNERA JUNE FT. (Wood 70c)  25. REGISTRAR'S SIGNATURE  16. Super Cooley W. 25. DATE RECE. 26. REGISTRAR'S SIGNATURE  16. Super Cooley W. 25. DATE RECE. 26. REGISTRAR'S SIGNATURE  16. Super Cooley W. 25. DATE RECE. 26. REGISTRAR'S SIGNATURE  16. Super Cooley W. 25. DATE RECE. 26. REGISTRAR'S SIGNATURE  16. Super Cooley W. 25. DATE RECE. 26. REGISTRAR'S SIGNATURE  16. Super Cooley W. 26. DATE RECE. 2	i		· · · · · · · · · · · · · · · · · · ·		<del></del>	
230. BURIAL CREMATION. 230. DATE 230, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tourn. or county) (State)  PREMOVAL (Specify) 2.7 Hay -56, Fort Leonard Wood Cemetry Ft. (Wood 70)  24. EUNERAL DIRECTOR DE CONTROL WAS DATE RECT. BY LOCAL RES- 26. REGISTRAR'S SIGNATURE  LEO GEL BRULLACE TONEL SE 27-56 (Male Tree Control Production)	•		- •	<b>-</b> .	1	
Heager Durial Jones Die! 8-27-56 Elula gre Inderson	23a	QREMOVAL (Specify)	I wood Cemery It.	wood	τ ΄	
(Licensed Embalmer's Statement on Reverse Side)	The state of the s					
		(Licensed Embalmer's	Statement on Reverse Side)	//		

RECEIVED 9-5-6
Pulaski County Health Offloor
File Number

Coate Filed

## STATEMENT BY LICENSED EMBALMER

 Signed lareuse Thoss

O. Address Wayner

Licensed Embalmer

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