

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

287894

STATE FILE NUMBER

53459-56 Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 119

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN Fort Leonard Wood				c. CITY OR TOWN Fort Leonard Wood			
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION US Army Hospital				d. STREET ADDRESS US Army Hospital			
3. NAME OF DECEASED (Type or print) First Robert Middle Joseph Last Campos Jr.				4. DATE OF DEATH Month August Day 27 Year 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August 19, 1956	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A	
11. BIRTHPLACE (City and state or country) Fort Leonard Wood, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Robert J. Campos, Sr.		14. MOTHER'S MAIDEN NAME Sarah L. Yenik	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) N/A		16. SOCIAL SECURITY NO. N/A		17. Informant C.B. Milligan, Lt Col, MSC, Fort Leonard Wood,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Bronchopneumonia 2. Congestive heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 7635	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____					
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 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE William R. Campbell, MC		22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri				22c. DATE SIGNED 27 Aug 56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 27 Aug -56		23c. NAME OF CEMETERY OR CREMATORY Fort Leonard Wood Cemetery		23d. LOCATION (City, town, or county) (State) St. Wood Mo	
24. FUNERAL DIRECTOR Hedger Funeral Homes Inc.		25. DATE RECD. BY LOCAL REG. 8-27-56		26. REGISTRAR'S SIGNATURE Paula Jane Anderson			

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED 9-1-56
Pulaski County Health Officer
File Number 119
Date Filed 8-27-56

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 J. Moss* 48

Licensed Embalmer No.

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.