

FILED NOV 7-1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35069

BIRTH NO. 72565-56 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 148

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. CITY OR TOWN Fort Leonard Wood	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 13 hrs-45 min		e. STREET ADDRESS (If rural, give location) US Army Hospital	
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Caryl b. (Middle) Ann c. (Last) Wilson		4. DATE OF DEATH (Month) (Day) (Year) October 23, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH October 22, 1956
9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min. 13 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
		11. BIRTHPLACE (City and State or Foreign Country) Fort Leonard Wood, Missouri	
		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Charles John Wilson		13b. MOTHER'S MAIDEN NAME Martha Alfrida Moen		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. DECEASED'S SIGNATURE OR NAME US Army Hospital C.B. Milligan, Lt Col, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fetal atelectasis with anoxia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prolonged labor DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7620		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from October 22, 1956, to October 23, 1956, that I last saw the deceased alive on 23 October 1956, and that death occurred at 2:30 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James B. White, Capt, MC		23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		23c. DATE SIGNED 23 Oct 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-24-56		24c. NAME OF CEMETERY OR CREMATORY Crocker Memorial Cem	
24d. LOCATION (City, town, or county) (State) Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE Betty L. Hedges		24f. ADDRESS HEDGES FUNERAL HOMES INC CROCKER MO	
DATE REC'D BY LOCAL REG. 10-24-56		REGISTRAR'S SIGNATURE			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-27-56
Alaska County Health Officer
File Number 1418
Date Filed 10-24-56

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 Moss*

Licensed Embalmer No. 4896

P. O. Address *Waimanalo*

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.