

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5815

STATE FILE NUMBER

FILED MAR 15 1957

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 28

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) Inside Limits OR U.S.A.H. Yes ☐ No ☐ TOWN Fort Leonard Wood, Mo				c. CITY OR TOWN Fort Leonard Wood, Mo. Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital or institution) Length of stay in lb HOSPITAL OR U.S. ARMY HOSPITAL INSTITUTION Ft. Leonard Wood, Mo 1 1/2 hrs				d. STREET (If outside, give location) Reside on Farm ADDRESS US Army Hospital Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First Middle Last Michael Lee BULLOCK				4. DATE OF DEATH Month Day Year March 8 1957			
5. SEX Male		6. COLOR OR RACE Cauc		7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH 7 March 1957	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and state or country) U.S.A. HOSPITAL Fort Leonard Wood, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Carl BULLOCK, Jr.				14. MOTHER'S MAIDEN NAME Dianne Ruvell			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. Infant		17. <i>Dr. Miligan</i> Address US Army Hospital 6 B. MILIGAN Lt Col MSC Ft Leonard Wood, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intrauterine anoxia. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) premature labor DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7620.							INTERVAL BETWEEN ONSET AND DEATH
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 INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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 Mar 7, 1957 to Mar 8, 1957 and last saw her him alive on Mar 8, 1957 Death occurred at 1:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Harold D. Jones Capt. M.C.</i>				22b. ADDRESS US Army Hospital, Ft Leonard Wood, Missouri		22c. DATE SIGNED 8 Mar 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-9-57		23c. NAME OF CEMETERY OR CREMATORY Crocker Memorial		23d. LOCATION (City, town, or county) (State) Crocker Missouri	
24. FUNERAL DIRECTOR <i>Hedges</i> HEDGES FUNERAL HOMES CROCKER MO				25. DATE RECD. BY LOCAL REG. 3-9-57		26. REGISTRAR'S SIGNATURE <i>Paula Mae Anderson</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED 3-9-57
Pulaski County Health Officer
File Number 28
Date Filed 3-9-57

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
Signature of Licensed Embalmer

Licensed Embalmer No. 482

P. O. Address
Signature of 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.