

FILED APR 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14252

STATE FILE NUMBER

23922-57 Registration District No.

290

Primary Registration District No.

5985

Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY Murray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN US Army Hospital Et Leonard Wood, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY, OR TOWN Davis 8350 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Et Leonard Wood, Mo		Length of stay in life	d. STREET ADDRESS General Delivery

3. NAME OF DECEASED (Type or print) Shirley Ann Gavino			4. DATE OF DEATH Month Day Year April 13 1957		
5. SEX Female	6. COLOR OR RACE Cau	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 12, 1957	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours IF UNDER 24 HRS. Min. 34	
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 country) USAF Ft Leonard Wood, Mo		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME David Alvina Gavino			14. MOTHER'S MAIDEN NAME Priscilla Ivey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Harold Jones Address Fort Leonard Wood, Missouri		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fetal Anoxia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cord around neck one time	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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, Year 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 **11:41 PM 12 Apr 57** and last saw her/him alive on **00:15 AM 13 Apr 57**. Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold D. Jones, capt M.C.	(Degree or title)	22b. ADDRESS Fort Leonard Wood, Missouri	22c. DATE SIGNED 13 Apr 1957
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-17-57	23c. NAME OF CEMETERY OR CREMATORY Ft Wood Cemetery	23d. LOCATION (City, town, or county) (State) Ft Leonard Wood Missouri
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24. FUNERAL DIRECTOR HEDGES FUNERAL HOMES INC Waynesville, MO	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-15-57	26. REGISTRAR'S SIGNATURE Charles Anderson
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(Licensed Embolmer's Statement on Reverse Side)

Health,
& Welfare
Public
ServiceS. 300
v. 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 causally related. Coroner cannot certify to a death due to natural causes. securing the medical certification in the specific manner required by the law.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

458

RECEIVED 4-20-57
Pulaski County Health Office
45
File Number
Date Filed 4-15-57

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 *Clarence G. Mess*.....

Licensed Embalmer No. *4890*

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.