

FILED JUL 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25720

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ohio b. COUNTY Summit			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood				Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		CITY OR TOWN Akron	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital				Length of stay in lb 2 Mos 6 das		d. STREET ADDRESS (If outside, give location) 1214 Bellows Street	
3. NAME OF DECEASED (Type or print) First RUTH Middle EULALIA Last BURBECK				4. DATE OF DEATH Month July Day 20 Year 1957			
5. SEX Female		6. COLOR OR RACE Cau		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 9, 1912	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) Akron, Ohio		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Frank McCoy				14. MOTHER'S MAIDEN NAME Edith Lichthouser			
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. 274-05-2966		17. INFORMANT Robert T Burbeck Address 54th Field Hospital	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Terminal cancer - carcinomatosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____							INTERVAL BETWEEN ONSET AND DEATH
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 July 19, 1957 to July 20, 1957 and last saw her alive on July 19, 1957 Death occurred at 12:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Daniel L. Hall (Degree or Title) Capt., MC				22b. ADDRESS U S Army Hospital Fort Leonard Wood, Missouri		22c. DATE SIGNED July 20, 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/22/57		23c. NAME OF CEMETERY OR CREMATORY Akron Cemetery		23d. LOCATION (City, town, or county) (State) Akron, Ohio.	
24. FUNERAL HOME Hedges Funeral Home Cracker, Mo				25. DATE RECD. BY LOCAL REG. 7-22-57		26. REGISTRAR'S SIGNATURE Constance Anderson	

RECEIVED
Pulaski County Health Officer
File Number 7-2-57
Date Filed 7-22-57

AUG 2 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Clarence Moore*

Licensed Embalmer No. 488

P. O. Address *Wynnewood*

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.