

FILED JUL 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

25722

 Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Pennsylvania b. COUNTY Luzerne		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood, MO Inside Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			c. CITY OR TOWN Wilkes-Barre Inside Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U S Army Hospital Length of stay in lb			d. STREET ADDRESS Wilkes-Barre, Penn. 275 Leigh St Reside on Farm? Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First WILLIAM Middle LEO Last GEORGE			4. DATE OF DEATH Month July Day 7 Year 1957		
5. SEX Male	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 11 Nov 1925	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Army		10b. KIND OF BUSINESS OR INDUSTRY U. S. Army	11. BIRTHPLACE (City and state or country) Wilkes-Barre, Pennsylvania	12. CITIZEN OF WHAT COUNTRY? United States	
13. FATHER'S NAME Leo S. George			14. MOTHER'S MAIDEN NAME Deceased		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yrs. give war or dates of service) 8 yrs 9 months		16. SOCIAL SECURITY NO. 208-16-7313	17. INFORMANT Barbara George Address 421 S. Jefferson, Lebanon, 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) Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction 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 4201
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201			
20c. TIME OF INJURY Hour 8:00 Month 07 Day 07 Year 1957 a. m. 15 p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) U S Army Hospital			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Fort Leonard Wood, Mo.		20g. COUNTY Luzerne STATE Pennsylvania	
21. I, James B. White, Capt. MC , the deceased's son , to MO Death occurred at 1:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title)		22b. ADDRESS U S Army Hospital
22c. DATE SIGNED 8 July 57		23a. BURNING, CREMATION, REMOVAL (Specify) Removal			
23b. DATE 7-9-57		23c. NAME OF CEMETERY OR CREMATORY Unknown		23d. LOCATION (City, town, or county) (State) Wilkes Barre Pennsylvania	
24. FUNERAL DIRECTOR HEDGES FUNERAL HOMES INC CROCKER ADDRESS MO 7-9-57			25. DATE RECD. BY LOCAL REG. MO 7-9-57		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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

Date Filed 4-9-57
File Number 90

RECEIVED 7-13-57
Pulaski County Health Officer

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 F. Gross*

Licensed Embalmer No. 48

P. O. Address *Waynes*

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.