

Health,
& Welfare
Public
Service

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41528
STATE FILE NUMBER
Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 142

5. 300
7. 1-57

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) OR TOWN Fort Leonard Wood		c. CITY OR TOWN Fort Leonard Wood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If outside, give location) US Army Hospital	

3. NAME OF DECEASED (Type or print) First PAULA Middle ANN Last WINTERS			4. DATE OF DEATH Month November Day 8 Year 1957		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7 Nov 1957	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months 11 Days 21	11. UNDER 24 HRS. Hours 11 Min. 21
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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) Ft Leonard Wood, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Paul E Winters	13b. MOTHER'S MAIDEN NAME Elizabeth A Alsip	14. NAME OF HUSBAND OR WIFE - -
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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. - -	17. INFORMANT Paul E Winters Address Devils Elbow, Missouri
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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 arrest		INTERVAL BETWEEN ONSET AND DEATH 11 hr 21 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Prematurity	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7544		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Fort Leonard Wood, Missouri	COUNTY _____ STATE _____
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21. I attended the deceased from **7 Nov 1957** to **8 Nov 1957** and last saw her alive on **8 Nov 1957**
Death occurred at **1:30 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James Bly - Elton (Degree or title) CAPT. U.S.A.	22b. ADDRESS US Army Hospital Ft Leonard Wood, Missouri	22c. DATE SIGNED 8 Nov 1957
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/12/57	23c. NAME OF CEMETERY OR CREMATORY Ft. Leonard Wood Cempt. Ft. Leonard Wood, Mo	23d. LOCATION (City, town, or county) (State) Ft. Leonard Wood, Mo
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24. FUNERAL DIRECTOR'S ADDRESS Hedges Funeral Home Way., Mo.	25. DATE RECD. BY LOCAL REG. 11-12-57	26. REGISTRAR'S SIGNATURE Paula Mae Anderson
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(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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~~Date Filed 11-12-57~~
~~File Number 142~~
RECEIVED 11-16-57
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 embalmed by me, or by Student Embalmer No. working under my personal supervision. *Not Embalmed*

Student Signed *Clarence Moss*
Signature of Student Embalmer
Licensed Embalmer No. *4896*
P. O. Address *Waynesville, Mo*

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.