

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57965-57

2374

FILED JAN 16 1958

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ft Leonard Wood</u>		c. CITY OR TOWN <u>Waynesville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U.S. Army Hospital</u>		d. STREET ADDRESS <u>Route #2</u>	

3. NAME OF DECEASED (Type or print) First <u>TERRY</u> Middle <u>LEA</u> Last <u>FOX</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>2</u> Year <u>58</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cau</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>13 Aug 57</u>		9. AGE (In years last birthday) Months <u>4</u> Days <u>20</u>
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) <u>Ft Leonard Wood</u>	
13. FATHER'S NAME <u>Jerry L. Fox</u>			14. MOTHER'S MAIDEN NAME <u>Laura Ann Devore</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>N/A</u>		16. SOCIAL SECURITY NO. <u>N/A</u>		17. INFORMANT <u>K. J. KUNCE</u> Address <u>U. S. Army Hospital</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Interstitial pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ 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"/>

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.) <u>525X</u>	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		
20d. INJURY OCCURRED WHILE AT <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, <u>Saw</u> the deceased on <u>2 January 1958</u> , to <u>US Army Hospital, Ft Leonard Wood</u>	
Death occurred at <u>0720 A. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>James B. White Capt MC</u>	22b. ADDRESS <u>US Army Hospital, Ft Leonard Wood 2 Jan 58</u>
22c. DATE SIGNED <u>2 Jan 58</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-9-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fort Leonard Wood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Ft. Wood Missouri</u>
24. FUNERAL DIRECTOR <u>Hedges Funeral Home, 110 Crocker, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-2-58</u>	26. REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>

(Licensed Embalmer's Statement on Reverse Side)

300  
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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.....  
Signature of Student Embalmer

Signed... *Clarence Moore* .....

Licensed Embalmer No. *488*

P. O. Address *Wynona, Minn.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.