Health, Welfare Public Service

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FILED FEB 20 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006783
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY OR TOWN Fort Leonard Wood — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital — Length of stay in 1b -

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Barton
c. CITY OR TOWN Hoisington — Inside Limits Yes [XX] No [ ]
d. STREET ADDRESS 769 W 3d St (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First WILLIAM Middle HARRISON Last DITZLER

4. DATE OF DEATH Month February Day 14 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 22 Oct 1923
9. AGE (In years last birthday) 34 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier
10b. KIND OF BUSINESS OR INDUSTRY US Army
11. BIRTHPLACE (City and state or country) Muskogee, Oklahoma
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Deceased
13b. MOTHER'S MAIDEN NAME Maude (Unknown)
14. NAME OF HUSBAND OR WIFE Mary Helen Ditzler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never, unknown) Yes (If yes, give war or dates of service) 15 Years
16. SOCIAL SECURITY NO. 442-18-6837
17. INFORMANT B S WYSOCKI, Maj MSC Address US Army Hosp Ft Leonard Wood, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Laceration of brain
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Gunshot wound
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 9198 43
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Ricochet bullet in firing.
20c. TIME OF INJURY 10:30 Hour a.m. — Month, Day, Year Feb 14 58
20d. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Firing Range
20f. CITY, TOWN, OR LOCATION Ft Leonard Wood COUNTY Pulaski STATE Missouri

21. I ~~attended~~ saw the deceased ~~from~~ on 14 Feb 58 to 14 Feb 58 ~~and last saw him alive on~~
Death occurred at 10:58 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William L Brown Capt MC (Degree or title)
22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri
22c. DATE SIGNED 14 Feb 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 2-15-58
23c. NAME OF CEMETERY OR CREMATORY Unknown
23d. LOCATION (City, town, or county) Muskogee, Oklahoma (State)

24. FUNERAL DIRECTOR HEDGES FUNERAL HOMES INC ADDRESS CROCKER MO
25. DATE RECD. BY LOCAL REG. 2-14-58
26. REGISTRAR'S SIGNATURE Carolyn Anderson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Part I. No symptoms. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ..... Signed .....

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.