

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10559-58 **58-006802**
STATE FILE NUMBER

FILED MAR 6 - 1958

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 35

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fort Leonard Wood Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		Length of stay in lb 4 days	d. STREET ADDRESS (If outside, give location) US Army Hospital Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LEE Middle JAY Last WETHINGTON			4. DATE OF DEATH Month February Day 23 Year 1958	
5. SEX Male	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 19 Feb 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) - - -		10b. KIND OF BUSINESS OR INDUSTRY - - -		9. AGE (In years last birthday) Months 4 Days 4 Hours 4 Min.
11. BIRTHPLACE (City and state or country) Ft Leonard Wood, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME James E Wethington			14. MOTHER'S MAIDEN NAME Roberta Grider	
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 James E Wethington Address 432 Lebanon St Ft Leonard Wood, Mo

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Resorptive pneumonia (hyaline membrane disease)		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) 7630		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) 7630	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	

21. I attended the deceased from **19 Feb 58** to **23 Feb 58** and last saw ^{him} alive on **23 Feb 58**
Death occurred at **5:46 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Capt C D Keeni MC (Degree or title)	22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	22c. DATE SIGNED 23 Feb 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-26-58	23c. NAME OF CEMETERY OR CREMATORY St. Wood Cemetery	23d. LOCATION (City, town, or county) (State) Ft Leonard Wood, Mo
24. FUNERAL DIRECTOR Hedges Funeral Home, Inc. 1405 S. Jackson, Mo		25. DATE RECD. BY LOCAL REG. 2-25-58	26. REGISTRAR'S SIGNATURE Quinn Anderson

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.....
Signature of Student Embalmer

Signed *Clarence Inose*.....

Licensed Embalmer No. *489*

P. O. Address *Waynesville*

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.