

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019293
STATE FILE NUMBER

FILED MAY 16 1958 Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 75

Health,
Welfare
Public
Service
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

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE North Dakota b. COUNTY Stutsman		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft Leonard Wood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jamestown		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 1b 1 Yr 3 Mo	d. STREET ADDRESS (If outside, give location) Central Hotel		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Rueben Middle Calvin Last Fuehrer			4. DATE OF DEATH Month May Day 9 Year 1958		
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 Oct. 17, 1927	9. AGE (In years last birthday) 30	
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) Jamestown, North Dakota		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Henry Fuehrer			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) Yes 12 Yrs 3 Mo		16. SOCIAL SECURITY NO. 502-14-1116	17. INFORMANT Address Mamie L. Fuehrer		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Convulsive disorders with delerium tremers			Undet.
		DUE TO (c) 307X			
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 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.)		
20c. TIME OF INJURY Hour 5:25 Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <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 attended the deceased from May 8, 1958 to May 9, 1958 and last saw ^{her} him alive on May 9, 1958 Death occurred at 5:25 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) David W. Swanson Capt. MC.			22b. ADDRESS US Army Hospital Ft Leonard Wood, Missouri		22c. DATE SIGNED May 10, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 11 1958	23c. NAME OF CEMETERY OR CREMATORY Jamestown Cemetery		23d. LOCATION (City, town, or county) (State) Jamestown North Dakota	
24. FUNERAL DIRECTOR ADDRESS HEDGES FUNERAL HOMES INC CROCKER			25. DATE RECD. BY LOCAL REG. MO. 5-10-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 Stross*.....

Licensed Embalmer No. *489*

P. O. Address *Waynesville*

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.