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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI 41622-58

STANDARD CERTIFICATE OF DEATH

58-019306
STATE FILE NUMBER

FILED JUN 12 1958 Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 87

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft Leonard Wood — Inside Limits Yes XX 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 Missouri b. COUNTY Pulaski
c. CITY OR TOWN Ft Leonard Wood 0850 — Inside Limits Yes XX No ☐
d. STREET ADDRESS US Army Hospital (If outside, give location) — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First Joann Middle Last Ramirez
4. DATE OF DEATH Month May Day 30 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED XX WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 29 May 1958
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.
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, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Raymond D. Ramirez
14. MOTHER'S MAIDEN NAME Leiselotte Eisenschink
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Raymond D. Ramirez Address R-9 Lieber Hgts 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) Hemorrhage, subarachnoid, Massive
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity
DUE TO (c) 7605
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)
19. WAS AUTOPSY PERFORMED? YES XX NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 29 May 1958, to 30 May 1958 and last saw her/him alive on 30 May 1958
Death occurred at 11:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Beryl Lovit Capt M.C. (Degree or title)
22b. ADDRESS US Army Hospital Ft Leonard Wood, Missouri
22c. DATE SIGNED 2 Jun 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 3 1958
23c. NAME OF CEMETERY OR CREMATORY Ft Leonard Wood Cemetery
23d. LOCATION (City, town, or county) (State) Ft Wood Missouri

24. FUNERAL DIRECTOR HEDGES FUNERAL HOMES INC CROCKER MO
ADDRESS
25. DATE RECD. BY LOCAL REG. 6-3-58
26. REGISTRAR'S SIGNATURE Eula Mae Anderson

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Moss

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.