

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033805
STATE FILE NUMBER

FILED OCT 10 1958

75097-58

Registration District No. 290

Primary Registration District No. 5985

Registrar's No. 146

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

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 Ft Leonard Wood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Ft 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 1b 4 Hours		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Sharon Middle Ann Last Bollinger				4. DATE OF DEATH Month Sept Day 26 Year 1958					
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 26 Sept 1958		9. AGE (In years last birthday) 4 Hours		IF UNDER 1 YEAR OF UNDER 24 HRS. Months - Days - Hours 4 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) Pulaski Ft Leonard Wood, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME M/Sgt Vernon L. Bollinger				14. MOTHER'S MAIDEN NAME Irene R. Gorenwitz					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. N/A		17. INFORMANT Address M/Sgt Vernon L. Bollinger					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Edema of the Glottis							
		DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)							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.) 517X						
20c. TIME OF INJURY Hour - 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 Ft Leonard Wood		COUNTY Pulaski		STATE Missouri	
21. I attended the deceased from Sept 26, 1958 to Sept 26, 1958 and last saw her alive on Sept 26, 1958 Death occurred at 1230 P m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Dr, nurse or title) Hans H. Baruch, Capt, MC				22b. ADDRESS US Army Hosp Ft Leonard Wood			22c. DATE SIGNED 27 Sep 58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct 3 1958	23c. NAME OF CEMETERY OR CREMATORY Advance Cemetery		23d. LOCATION (City, town, or county) (State) Advance Mo				
24. FUNERAL DIRECTOR Hedges Funeral Home			ADDRESS Due Crocker, Mo		25. DATE RECD. BY LOCAL REG. 10-3-58		26. REGISTRAR'S SIGNATURE Yvonne Gae Anderson		

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 Moss*.....

Licensed Embalmer No. 78

P. O. Address *Raymond*

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.