

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033807
STATE FILE NUMBER

75603-58
FILED OCT 3 1958
Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 144

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 1b --		d. STREET ADDRESS US Army Hospital		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DAVID Middle CHARLES Last BRYLLA				4. DATE OF DEATH Month September Day 22 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 22 Sep 1958		9. AGE (In years last birthday) IF UNDER 1 YEAR Months 2 Days 50		
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, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Charles W Brylla				14. MOTHER'S MAIDEN NAME Leona Good				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) ---		16. SOCIAL SECURITY NO. ---		17. INFORMANT Address 15C Rolla St Charles W Brylla 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) Respiratory failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Immaturity DUE TO (c) 7735							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 <input type="checkbox"/> NO <input checked="" 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 a. m. Month, Day, Year p. m.								
20d. INJURY OCCURRED WHILE AT <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 22 Sep 1958 to 22 Sep 1958 and last saw him alive on 22 Sep 1958 Death occurred at 12:40 P m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Donald W. Frank, Capt MC				22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		22c. DATE SIGNED 22 Sep 58		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-24-58		23c. NAME OF CEMETERY OR CREMATORY St Wood Cemetery		23d. LOCATION (City, town, or county) (State) St Leonard Wood Mo		
24. FUNERAL DIRECTOR Hedges Funeral Homes Inc Crockett Mo				25. DATE REC'D. BY LOCAL REG. 9-23-58		26. REGISTRAR'S SIGNATURE Gula Mae Anderson		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

WILLIAMSON

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 Thross*

Licensed Embalmer No. 488

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.