Primary Registration District No. Primary Registration Distric						LTH OF MISSOUR		8-03	3807
1. PLACE OF DEATH a. COUNTY PULBSK! b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give TOWNSHIP only) b. CITY (If outside corporate limits, give accretion) c. FULL NAME OF (I NOT inhospita), give location) c. FULL NAME OF (I NOT inhospita), give location) c. FULL NAME OF (I NOT inhospita), give location) c. FULL NAME OF (I NOT inhospita), give location) c. FULL NAME OF (I NOT inhospita) d. STREET MOSPITAL OR US Army Hospital J. MATHER S. DIVE MATHER S. DIVER MARRIED (I NOT INHOSPITAL FOR OUTSING ADDRESS OR NOUSTRY) D. SEX CHARLES C							STA	TE FILE NUN	BER
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Male White whose is not provided by the provid			DAVI				DEATH SE		
10. SUSTAL OCCUPATION (Glor kind of poor kind) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and Action or country) 12. CHIERN OF WHAT COUNTRY during most of working file, even if retired) 14. MOTHER'S MAIDE NAME 14. MOTHER'S MAIDE NAME 15. WAS DECASED EVER IN U. S. ARMED FORCES! (Viv. 40. or whatever) (If yer, size wer or date of vertical (Viv. 40. or whatever) (If yer, size wer or date of vertical (Viv. 40. or whatever) (If yer, size wer or date of vertical (Viv. 40. or whatever) (If yer, size wer or date of vertical (Viv. 40. or whatever) (If yer, size wer or date of vertical (Viv. 40. or whatever) (If yer, size wer or date of vertical (Viv. 40. or whatever) (If yer, size wer or date of vertical (Viv. 40. or whatever) (If yer, size were or date of vertical (Viv. 40. or whatever) (If yer, size were or date of vertical (Viv. 40. or whatever) (If yer, size were or date of vertical (Viv. 40. or whatever) (If yer, size were or date of vertical (Viv. 40. or whatever) (If yer, size were or date of vertical (Viv. 40. or whatever) (If yer, size were or date of vertical (Viv. 40. or whatever) (If yer, size were or date of vertical (Viv. 40. or whatever) (If yer, size were or date of vertical (Viv. 40. or whatever) (If yer, size were or date of vertical (Viv. 40. or whatever) (If yer, size were or date of vertical (Viv. 40. or whatever) (If yer, size were or date of vertical (Viv. 40. or whatever) (If yer, size were or date of vertical (Viv. 40. or whatever) (If yer, size were or date of vertical (Viv. 40. or whatever) (If yer, size were or date or yer whatever) (If yer, size were or date or yer whatever) (If yer, size were or date or yer whatever) (If yer, size were or whatever) (If yer, size were or yer whatever) (If yer, size were or yer whatever) (If yer, size were or yer whatever) (If yer, size were or whatever) (If yer, size were or yer whatever) (If	5. SEX	ale				8. DATE OF BIRTH	_ lest birthda		
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13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. MAS DECENSES EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15C Rolla St.	dur	ing most of wor	king life, even if retired)		_	Ft Leonar	d Wood, Misson	ri US	A
15. MAS DECEASED EVER IN U. S. ARNEED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15C ROLLA St. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 19. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure 19. Conditions, if any, which gave rise for only one cause (a), but to (c) Immaturity 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II (a) 19. WAS AUTOPSY PERFORMED! 19. WAS AUTOPSY PERFORMED! 19. WAS AUTOPSY PERFORMED! 19. WAS AUTOPSY PERFORMED! 19. WAS AUTOPSY PERFORMED! 19. WAS AUTOPSY PERFORMED! 19. WAS AUTOPSY PERFORMED! 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. HUJURY OCCURRED 20c. PLACE OF INJURY (e. g., in or about home. 20f. CITY, TOWN, OR LOCATION COUNTY STAT 20a. HUJURY OCCURRED 20c. PLACE OF INJURY (e. g., in or about home. 20f. CITY, TOWN, OR LOCATION COUNTY STAT 20a. HUJURY OCCURRED 20c. PLACE OF INJURY (e. g., in or about home. 20f. CITY, TOWN, OR LOCATION COUNTY STAT 20a. HUJURY OCCURRED 20c. PLACE OF INJURY (e. g., in or about home. 20f. CITY, TOWN, OR LOCATION COUNTY STAT 20a. HUJURY OCCURRED 20c. PLACE OF INJURY (e. g., in or about home. 20f. CITY, TOWN, OR LOCATION COUNTY STAT 20a. HUJURY OCCURRED 20c. PLACE OF INJURY (e. g., in or about home. 20f. CITY, TOWN, OR LOCATION COUNTY STAT 20a. HUJURY OCCURRED 20c. PLACE OF INJURY (e. g., in or about home. 20f. CITY, TOWN, OR LOCATION COUNTY STAT 20a. HUJURY OCCURRED 20c. PLACE OF INJURY (e. g., in or about home. 20f. CITY, TOWN, OR LOCATION COUNTY STAT 20a. HUJU	13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME		
(17 et. no. or wakeners) (17 et. no. or wakeners) (18 cause of deets of service) 18 cause of Death [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE (a) Respiratory failure (NSET AND DEATH (N									
18. CAUSE OF BEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (b). Immaturity DUE TO (b) Stating the underlying cause (b). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED YES NO X 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. INJURY o.m., p. m. 20d. INJURY occurred MOT WHILE INJURY (c. g., in or about home. farm, factory, siteet, office bldg., etc.) 21. I attended the deceased from 22 Sep 1958 22. Sep 1958 21. I attended the deceased from 12: 40 P. m on the date stated above; and to the best of my knowledge, from the causes attended the deceased					AL SECURITY NO.				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any. which gave rise to above cause (a). stating the under- lying cause last. DUE TO (c) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Idem 18.) 20c. TIME OF Hour Month, Day, Year INJURY a.m. p. m. 20d. INJURY OCCURRED WHILE AT MOT WHILE AT WORK 21. I attended the deceased from 22 Sep 1958 Location of the deceased from 22 Sep 1958 Location of the best of my knowledge, from the causes stat 22a. Sep 1958 Death occurred at 22b. ADDRESS 22c. NAME OF CEMETERY OR CREMATORY PHONALD W FRANK, Capte MC 22c. NAME OF CEMETERY OR CREMATORY PART II. DEATH WAS CAUSED BY: Respiratory failure (Sait) 1240 Pm on the date stated above; and to the best of my knowledge, from the causes stat 22c. DATE SIGNE 23c. BURIAL, CEBEATION, 22b. DATE PHONALD W FRANK, Capte MC 22c. NAME OF CEMETERY OR CREMATORY PHONALD W FRANK, Capte MC 22c. NAME OF CEMETERY OR CREMATORY PART II. DEATH WAS AUTORSY PART II. DEATH WAS CAUSED 12d. LOCATION (Cly, fourn. or county) (Sait) PART II. DEATH WAS CAUSED 12d. LOCATION (Cly, fourn. or county) (Sait) PART II. DEATH WAS CAUSED 12d. LOCATION (Cly, fourn. or county) PART II. DEATH WAS CAUSED 12d. LOCATION (Cly, fourn. or county) PART II. DEATH WAS CAUSED 12d. LOCATION (Cly, fourn. or county) PART II. DEATH WAS CAUSED 12d. LOCATION (Cly, fourn. or county) PART III. DEATH WAS CAUSED 12d. LOCATION (Cly, fourn. or county) PART III. DEATH WAS CAUSED 12d. LOCATION (Cly, fourn. or county) PART III. DEATH WAS CAUSED 12d. LOCATION (Cly, fourn. or county) PART III. DEATH WAS CAUSED 12d. LOCATION (Cly, fourn. or county) PART III. DEATH WAS CAUSED 12d. LOCATION (Cly, fourn. or county) PART III. DEATH WAS CAUSED 12d. LOCATION (Cly, fourn. or county) PART III. DEATH WAS CAUSED 12d. LOCATION (Cly, fourn. o						Charles w	Brylla 10 rec		
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Death occurred at	≥ 20d. WHI	WHILE AT NOT WHILE farm, factory, street, office bldg., etc.)							STATE
Death occurred at	21.	21. I attended the deceased from 22 Sep 1958 to 22 Sep 1958 and last saw him alive on 22 Sep 1958							
DONALD W FRANK, Capt MC Fort Leonard Wood, Missouri 22Sep58 23a. BURIAL, CREMATION. REMOVAL (Specify) 1 - 24 - 5-8 24. FUNERAL DIRECTOR SUMMERS 25. DATE RECD. BY LOCAL REG. 26. PRISTRAR'S SIGNATURE 14 - 24 - 5-8 15 - 25 - 26 - 26 - 26 - 26 - 26 - 26 - 2		Death occurred at F m on the date stated above; and to the best of my knowledge, from the causes state							
23a. BURIAL CREMATION. BENOVAL (Specify) 9-24-58 \$\frac{23c}{4}\text{ NAME OF CEMETERY OR CREMATORY} & 23d. LOCATION (City, town. or county) (State) \$\frac{23c}{4}\text{ FUNCAL (Specify)} & \frac{23c}{4}\text{ Location (City, town. or county)} & \frac{(State)}{4}\text{ WOOD COMETERY } & \frac{2}{4}\text{ Location (City, town. or county)} & \frac{(State)}{4}\text{ WOOD COMETERY } & \frac{2}{4}\text{ Location (City, town. or county)} & \frac{(State)}{4}\text{ WOOD COMETERY } & \frac{2}{4}\text{ Location (City, town. or county)} & \frac{(State)}{4}\text{ WOOD COMETERY } & \frac{2}{4}\text{ Location (City, town. or county)} & \frac{(State)}{4}\text{ WOOD COMETERY } & \frac{2}{4}\text{ Location (City, town. or county)} & \frac{(State)}{4}\text{ WOOD COMETERY } & \frac{2}{4}\text{ Location (City, town. or county)} & \frac{(State)}{4}\text{ WOOD COMETERY } & \frac{2}{4}\text{ Location (City, town. or county)} & \frac{(State)}{4}\text{ WOOD COMETERY } & \frac{2}{4}\text{ Location (City, town. or county)} & \frac{(State)}{4}\text{ WOOD COMETERY } & \frac{2}{4}\text{ Location (City, town. or county)} & \frac{(State)}{4}\text{ WOOD COMETERY } & \frac{2}{4}\text{ Location (City, town. or county)} & \frac{(State)}{4}\text{ MOOD COMETERY } & \frac{2}{4}\text{ Location (City, town. or county)} & \frac{(State)}{4}\text{ MOOD COMETERY } & \frac{2}{4}\text{ Location (City, town. or county)} & \frac{(State)}{4}\text{ Location (City, town. or county)} & \frac{(State)}{4}\text{ Location (City, town. or county)} & \frac{(State)}{4}\text{ Location (City, town. or county)} & \frac{2}{4}\text{ Location (City, town. or county)} & \frac{2}{4} Location (City,	224.	TIZ NO		· - /	mc.				22Sep58
24. FUNERAL DIRECTOR SWORM ADDRESS 25. DATE RECD. BY LOCAL REG. 26. PROSTRAR'S SIGNATURE HEDGES SUNCKAL HOMES Sur Crocked mo 9-23-58 Outama		OVAL (Specify)	234 DATE 9-52	(* I ^	. /	REMATORY	23d. LOCATION (City, tow.	n. or county)	
	24. FUNI			DRESS	25. D				nkleson
	uco d	CZ ANNA	MMY I JUNNES C			ent on Reverse Si	de)	<u> </u>	LIGHT SERVICE

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STATEMENT BY LIGENSED EMBALMER

William training

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emi by me, or by, Student Embalmer No......

working under my personal supervision...

Student Signature of Student Embalmer

COL CUE SE

Licensed Embalmer No. 4.82 P. O. Addres Magnes Ully

ಆಕ್ಷ್ಮದ ಭರ್ಶ ಚಿತ್ರ 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.