Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-006691
STATE FILE NUMBER

FILED FEB 18 1959 Registration District No. 290 Primary Registration District No. Registrar's No. 11

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 OR TOWN (If outside corporate limits, give TOWNSHIP only) Ft Leonard Wood — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Ft Leonard Wood — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) U.S. Army Hospital — Length of stay in 1b 3 days	d. STREET ADDRESS (If outside, give location) U.S.Army Hospital — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First John Michael Middle Last Shaw		4. DATE OF DEATH Month January Day 24 Year 1959	
5. SEX Male	6. COLOR OR RACE Negroid	7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH January 20, 1959
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days 3	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, Missouri	12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME John J. Shaw	13b. MOTHER'S MAIDEN NAME Viola Elizabeth Tiller	14. NAME OF HUSBAND OR WIFE --	
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 John J. Shaw Address 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:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac Failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Mitral and Aortic Atresia	3 days
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7545

19. WAS AUTOPSY PERFORMED? YES [X] 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 January 20, 1959, to January 24, 1959 and last saw her/him alive on January 24, 1959
Death occurred at 9:00 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hans H. Baruch	22b. ADDRESS Ft Leonard Wood, Missouri	22c. DATE SIGNED Jan 26, 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 29 1959	23c. NAME OF CEMETERY OR CREMATORY Post Cemetery	23d. LOCATION (City, town, or county) (State) Ft Leonard Wood Missouri
24. FUNERAL DIRECTOR Hedges ADDRESS HEDGES FUNERAL HOMES INC CROCKER	25. DATE RECD. BY LOCAL REG. MO 1-28-59	26. REGISTRAR'S SIGNATURE Eula Mae Anderson	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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. 4896

P. O. Address Waynesville, Mo

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.