

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010485

STATE FILE NUMBER

FILED APR 9 1959 Registration District No. 290 Primary Registration District No. Registrar's No. 33

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Indiana</b> b. COUNTY <b>Warrick</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fort Leonard Wood</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Chandler</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>US Army Hospital</b>		Length of stay in lb --	d. STREET ADDRESS (If outside, give location) <b>RR 2</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Bernard</b> Middle <b>Richard</b> Last <b>Gansman</b>			4. DATE OF DEATH Month <b>March</b> Day <b>27</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>29 Jan 1940</b>		9. AGE (In years last birthday) <b>19</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auto Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Automobile</b>	11. BIRTHPLACE (City and state or country) <b>Evansville, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Edward H Gansman</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine E. (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>----</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes (Mar 59 to present)</b>		16. SOCIAL SECURITY NO. <b>306-42-4236</b>	17. INFORMANT <b>Bernard S Wysocki Maj MSC Ft Leonard Wood, Mo</b> Address <b>US Army Hospital</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Meningococcic meningitis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>0570</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ 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 <b>26 March 59</b> to <b>27 March 59</b> and last saw him <del>xxx</del> alive on <b>27 March 59</b> Death occurred at <b>8:15</b> A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>HENRY B C LOW Capt MC</b>			22b. ADDRESS <b>US Army Hospital Fort Leonard Wood, Missouri</b>		22c. DATE SIGNED <b>27 Mar 59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>3/29/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Joseph Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Evansville, Indiana</b>
24. FUNERAL DIRECTOR <b>HEDGES FUNERAL HOMES INC CROCKER</b>			25. DATE RECD. BY LOCAL REG. <b>MO 3-29-59</b>	26. REGISTRAR'S SIGNATURE <i>Paula Ann Anderson</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 9 1956

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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 Thross*

Licensed Embalmer No. *4896*  
P. O. Address *Waynesville, N.C.*

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.