

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018750

STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 290 Primary Registration District No. Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Ft Leonard Wood</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR <b>Ft Leonard Wood</b> TOWN
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>US Army Hospital</b>		Length of stay in 1b -	d. STREET ADDRESS <b>US Army Hospital</b>
3. NAME OF DECEASED (Type or print) <b>Maria Annette Wasson</b>		4. DATE OF DEATH Month <b>June</b> Day <b>5</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Cau</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>June 5, 1959</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) - IF UNDER 1 YEAR Months Days Hours Mins - - - <b>53</b>
11. BIRTHPLACE (City and state or country) <b>Ft Leonard Wood, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Lewis E. Wasson</b>		14. MOTHER'S MAIDEN NAME <b>Mary Jane Wasson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. -	17. INFORMANT <b>Lewis E. Wasson</b> Address
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>Anencephaly</b>			INTERVAL BETWEEN ONSET AND DEATH
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) <b>750X</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 . 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	COUNTY STATE
21. I attended the deceased <del>her</del> on <b>June 5, 1959</b> , to _____ and last saw <del>her</del> alive on <b>June 5, 1959</b> . Death occurred at <b>5:15 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Burton Baker, M.D.</i>		22b. ADDRESS <b>US Army Hospital Ft Leonard Wood, Mo.</b>	22c. DATE SIGNED <b>June 6, 59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>Burial</b>	<b>June 8 1959</b>	<b>Post Cemetery</b>	<b>Ft Leonard Wood Missouri</b>
24. FUNERAL DIRECTOR <i>Hedges</i>		25. DATE RECD. BY LOCAL REG. <b>Mo 6-6-59</b>	26. REGISTRAR'S SIGNATURE <i>Charles J. Anderson</i>
Hedges Funeral Homes Inc Crocker			

(Licensed Embalmer's Statement on Reverse Side)

with, allfare, public, service

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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

MEDICAL CERTIFICATION

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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 Moss*.....

Licensed Embalmer No. *48*.....

P. O. Address *Waynesville*.....

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.