

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS OCT 2 1959

59-033367

Registration District No. 290 Primary Registration District No. \_\_\_\_\_ Registrar's No. 115

STATE FILE NUMBER

10-2-59

Undetermined

Self-inflicted

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Medical Officer

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ft Leonard Wood, Mo</u>		Length of stay in 1b		c. CITY OR TOWN <u>Broadview</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>US Army Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>9940 Roosevelt Road</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Donald</u> Middle <u>Edward</u> Last <u>Johnson</u>				4. DATE OF DEATH Month <u>Sep</u> Day <u>24</u> Year <u>59</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>20 Feb 40</u>	9. AGE (last birthday) <u>19</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Long Beach, California</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Deceased</u>			13b. MOTHER'S MAIDEN NAME <u>Deceased</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes - 20 Aug 59 to present</u>			16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>William L. Johnson, 9940 Roosevelt Rd.</u>		Address <u>Broadview, Ill</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory arrest</u>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Brain damage</u>							
DUE TO (c) <u>Bullet wound of head</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>Undetermined</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>-Undetermined- Self-inflicted</u>				
20c. TIME OF INJURY Hour <u>8:20 a.m.</u> Month, Day, Year <u>9-24-59</u>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Army Qtrs, Bldg 1078</u>		20f. CITY, TOWN, OR LOCATION <u>Ft Leonard Wood, Mo</u>		COUNTY <u>Pulaski</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>24 Sep 59</u> to <u>24 Sep 59</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>24 Sep 59</u> Death occurred at <u>8:33 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Hans H Baruch</u> (Degree or title) <u>HANS H. BARUCH, M.D.</u>				22b. ADDRESS <u>Ft Leonard Wood, Mo.</u>		22c. DATE SIGNED <u>25 Sep 59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-29-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ft. Leonard Wood</u>		23d. LOCATION (City, town, or county) <u>Ft. Leonard Wood, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>I.J. Shadel</u> ADDRESS <u>Lebanon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-25-59</u>		26. REGISTRAR'S SIGNATURE <u>Paula Mae Amberson</u>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Warren A. Jumper

Licensed Embalmer No. 5071

P. O. Address Hartsville

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.