

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE

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 FILED VS JAN - 6 1960 290 Primary Registration District No. _____ Registrar's No. 165 '59 0 4 5 0 4 8 STATE FILE NUMBER

RECEIVED
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN US Army Ft Leonard Wood, Mo		Length of stay in 1b		c. CITY OR TOWN Waynesville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Clinton's Trailer Court		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Mary Middle Evelyn Last Chapman				4. DATE OF DEATH Month Dec Day 17 Year 59									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/29/58		9. AGE (last birthday) 1		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) ---				10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Waynesville, Mo		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Thomas J. Chapman				13b. MOTHER'S MAIDEN NAME Mary E. Varner				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) No				16. SOCIAL SECURITY NO. ---		17. INFORMANT Address Clintons Thomas J. Chapman Trailer Ct, Waynesville							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory arrest										INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Hydrocephalus, internal											
		DUE TO (c) _____											
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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. Month, Day, Year _____		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 from 8:45 on 17 December 1959 to 17 December 59 Death occurred at 4:35 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Hans H Baruch HANS H BARUCH, Capt, MC				22b. ADDRESS US Army Hospital Ft Leonard Wood, Mo				22c. DATE SIGNED 12/18/59					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-22-1959		23c. NAME OF CEMETERY OR CREMATORY Post Cemetery		23d. LOCATION (City, town, or county) (State) Ft. Leonard Wood MO							
24. FUNERAL DIRECTOR Hedges Funeral Home Inc ADDRESS Waynesville Mo				25. DATE RECD. BY LOCAL REG. 12-22-59		26. REGISTRAR'S SIGNATURE Carl Ope Anderson							

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 E. Moss

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.