

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016430

FILED VS. APR 18 1960 290

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Indiana b. COUNTY Marion				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft Leonard Wood, Mo		Length of stay in 1b		c. CITY OR TOWN Indianapolis		Inside Limits Yes ☒ No ☐		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 720 West Vermont St.		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Paul Middle --- Last Carnell				4. DATE OF DEATH Month Mar Day 27 Year 60				
5. SEX Male		6. COLOR OR RACE Negro		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 4/11/39		
9. AGE (last birthday) 20		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		11. BIRTHPLACE (City and state or country) Louisville, Kentucky		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Willie O. Carnell				13b. MOTHER'S MAIDEN NAME Cora Lee (Unk)		14. NAME OF HUSBAND OR WIFE Zina M. Carnell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes 1 yr, 7 months				16. SOCIAL SECURITY NO. 307-38-7909		17. INFORMANT Robert L Rippee, Ft Leonard Wood, Mo		
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 insufficiency DUE TO (b) Pulmonary hemorrhage DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Multiple internal injuries								
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐				20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐				
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Struck by automobile				PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown				
20c. TIME OF INJURY Hour 2:25 a.m. ☐ p.m. ☒ Month. Day. Year 3/27/60				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.) Street				20f. CITY, TOWN, OR LOCATION 1 Mi. north Main Gate, Ft Leonard Wood, Mo				
21. I attended the deceased from Mar 27, 1960 to Mar 27, 1960 and last saw her alive on Mar 27, 1960 Death occurred at 3:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Hans H. Baruch HANS H. BARUCH, Capt, MC				22b. ADDRESS Ft Leonard Wood, Mo		22c. DATE SIGNED 3/28/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried		23b. DATE unknown		23c. NAME OF CEMETERY OR CREMATORY unknown		23d. LOCATION (City, town, or county) (State) Indianapolis Ind.		
24. FUNERAL DIRECTOR J. Shadel		ADDRESS Lebanon, Mo		25. DATE RECD. BY LOCAL REG. 3-28-60		26. REGISTRAR'S SIGNATURE Clara Mae Anderson		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 31 1960

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 Walter C. Simpson

Licensed Embalmer No. 5071

P. O. Address Dentwell

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.