

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 2 1960

290

=60-016434

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Near Hazel Green</u>		Length of stay in 1b		c. CITY OR TOWN <u>Richland</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JUNCTION Hiway 66 & 133</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>P.O. Box 594</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Norman</u> Last <u>Greely</u>				4. DATE OF DEATH Month <u>Apr</u> Day <u>14</u> Year <u>60</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-29-09</u>	9. AGE (last birthday) <u>51</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>Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>US Army</u>		11. BIRTHPLACE (City and state or country) <u>Blanchester, Ohio</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 <u>Thelma I. Greely</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>		16. SOCIAL SECURITY NO. <u>534-16-8880</u>		17. INFORMANT Address <u>Maj Robert L Rippee, Ft Leonard Wood, Mo</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> DUE TO (b) <u>Subarachnoid hemorrhage</u> DUE TO (c) <u>Skull fracture</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>None</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Multiple fractures of legs</u>						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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Struck by automobile while crossing Hiway 66</u>				
20c. TIME OF INJURY <u>5:25</u>	Hour <u>4</u> Month <u>4</u> Dev. <u>14</u> Year <u>60</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>on highway</u>		20f. CITY, TOWN, OR LOCATION <u>Junction Hiway 66 & 133</u>		COUNTY <u>Pulaski</u> STATE <u>Missouri</u>
21. I attended the deceased from <u>dead on arrival</u> to _____ and last saw him <u>alive</u> on <u>15 April 1960</u> Death occurred at <u>5:25 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>Captain, MC</u>		22b. ADDRESS <u>Ft Leonard Wood, Mo</u>	22c. DATE SIGNED <u>15 Apr 60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>4-16-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>		23d. LOCATION (City, town, or county) (State) <u>PORTLAND OREGON</u>		
24. FUNERAL DIRECTOR <u>J. Shadel</u>		ADDRESS <u>Lebanon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-16-60</u>	26. REGISTRAR'S SIGNATURE <u>Emilia Anderson</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 3 1962

MAY 3 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 Gene G. Hunter

Licensed Embalmer No. 4734

P. O. Address Spfld, m

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.