

INDEXED

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 Ft Leonard Wood, Mo		c. CITY OR TOWN Ft Leonard Wood, Mo	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If outside, give location) US Army Hospital	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Connie Middle --- Last Monceaux			4. DATE OF DEATH Month Mar Day 25 Year 60			
---	--	--	---	--	--	--

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 3/23/60	9. AGE (last birthday)	IF UNDER 1 YEAR Months 1 Days 18 Hours 39	IF UNDER 24 HR Hours 18 Min. 39
-------------------------	----------------------------------	---	------------------------------------	------------------------	---	--

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) Ft Leonard Wood, Mo	12. CITIZEN OF WHAT COUNTRY USA
---	---	--	---

13a. FATHER'S NAME Ernest Monceaux	13b. MOTHER'S MAIDEN NAME Patricia Marie Myers	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 Ernest Monceaux - Ft Leonard Wood, Mo	Address
--	---------------------------------------	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Respiratory arrest		1 day,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Prematurity	18 hrs,
	DUE TO (c)	39 min.

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 **25 Mar 60** on **25 Mar 60** at **7:56 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hans H. Baruch, Capt, MC	22b. ADDRESS US Army Hospital Ft Leonard Wood, Mo	22c. DATE SIGNED 3/25/60
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/29/60	23c. NAME OF CEMETERY OR CREMATORY Post Cemetery	23d. LOCATION (City, town, or county) (State) Ft Leonard Wood Missouri
--	-----------------------------	--	--

24. FUNERAL DIRECTOR HEDGES FUNERAL HOME'S INC, CROCKER, MO. 3-29-60	25. DATE RECD. BY LOCAL REG. ---	26. REGISTRAR'S SIGNATURE <i>Eula Mae Anderson</i>
--	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. 4896

P. O. Address Waynesville

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.