

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020437

FILED VS JUN 7 1960

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 69

ENDED

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <u>Missouri</u> COUNTY <u>Pulaski</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>Ft Leonard Wood, Mo</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 (If outside, give location) <u>US Army Hospital</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Galen</u> Middle <u>Alfred</u> Last <u>Normandin</u>				4. DATE OF DEATH Month <u>May</u> Day <u>18</u> Year <u>60</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cau</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>5-18-60</u>	9. AGE (last birthday) IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours <u>17</u> Min. <u>52</u>	
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) <u>Ft Leonard Wood, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Alfred B. Normandin</u>			13b. MOTHER'S MAIDEN NAME <u>Deanna M. Berland</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>NO</u>			16. SOCIAL SECURITY NO. ---	17. INFORMANT Address <u>Alfred B. Normandin, 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 failure</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>Prematurity</u>								
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 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 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 <u>18 May 1960</u> to <u>18 May 60</u> and last saw him ^{live} on <u>18 May 60</u> Death occurred at <u>7:25 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Edward T. Barker</u> (Describe or title) <u>EDWARD T. BARKER, Capt, MC, M.D.</u>				22b. ADDRESS <u>Ft Leonard Wood, Mo</u>			22c. DATE SIGNED <u>5-19-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>		23b. DATE <u>5/20/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Anthony Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Plainville, Kansas</u>			
24. FUNERAL DIRECTOR <u>Hedges Funeral Home</u>				ADDRESS <u>Richland Mo</u>	DATE RECD. BY LOCAL REG. <u>5-19-60</u>	25. REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>		

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 Maurice E. Schum

Licensed Embalmer No. 4505

P. O. Address Dixon, Ill.

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.