- 1	Registration District No	Prim	nary Registration	District No	Registrar's No.				
-  -	1. PLACE OF DEATH				2. USUAL RESIDEN	ICE (Where dece	ased lived. If	institution: R	lesidence befo
Ι.	* COUNTY Pulaski				. STATE Miss	ouri <sup>ь. со</sup>	UNTY Pulas	ski	admission)
	b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b				c. CITY OR				Inside Limits
J	TOWN Ft. Leonard Wood, Mo.			TOWN Ft.	Leonard	Wood		Yes 🗜 No [	
1	c. FULL NAME OF (If	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits			d. STREET	(If	cutside, give loc	ation)	Reside on Far
1.	HOSPITAL OR INSTITUTION U	S Army Hospita	al	Yes 🖳 No 🗆	ADDRESS US	Army Ho	spital		Yes   Noj
1	3. NAME OF DECEASED	D First	N	Aiddle	Last	4. DATE	Month	Day	Year
١.	(Type of print)	Michael	Ει	igene	Barrett	OF DEATH	Jul	11	60
1	5. SEX	6. COLOR OR RACE	7. Married 🗆		8. DATE OF BIRTH	9. AGE (last b			IF UNDER 24
1	Male	Negro	Widowed [	Divorced [	7-11-60		Month	ns Days	Haurs 20
Ι.		(Give kind of work done	10b. KIND OF B	SUSINESS OR INDUSTR	Y 11. BIRTHPLACE (	City and state or	country) 12. C	ITIZEN OF V	VHAT COUNTR
1	during most of working life, even if retired)				Ft. Leona	Sooti be	Mo I	JSA	
1-	13a. FATHER'S NAME		13b. MC	THER'S MAIDEN NAM	IE LECTIVE	14. N	AME OF HUSBAN		
1.		The	35-	T Maren					
	Lawrence Bell	R IN U.S. ARMED FORCES?	IVEL I	ry Lou Turne	17. INFORMANT		Address		
ı	(Yes, no, or unknown) {{!!	f yes, give war or dates of :		CIAL SECORITI NO.					
١.	No				Lawrence B	. Barret	t, Ft. Le		
- 9	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  ONSET AND DE								
<u> </u>	PART I	I (Enter only one cause per DEATH WAS CAUSED BY:	line for (a), (b),	and (c).					
POCOMEIN	Conditi	IMMEDIATE CAUSE (a)		tory insuff				ON	SET AND DEA
Name	Conditi which c above stating	IMMEDIATE CAUSE (a)	Respirat	tory insuff				ON	erval betwe set and dea' 's,29mir
	Conditi which s above stating lying	ons, if any, pave rise to cause (a), the under-	Respirat	tory insuff	iciency	the terminal	I —	deceased vere a pregnant	SET AND DEA' S. 29mir  Nas female cy in last 90
20140	Condition which is above stating lying of PART II	ons, if any, gave rise to cause (a), the under-cause last. DUE TO (consider the under-cause last. DUE TO (consider the under-cause last.)	Respirat  Prematur  Prematur  ONDITIONS CONTINUES (a)	tory insuff	iciency		the:	deceased ve a pregnant	SET AND DEA
CEDTIELOATION	Condition which to above stating lying of PART II	ons, if any, pave rise to cause (a), the undercause last. DUE TO (cause last.)	Respirat  Prematur  Prematur  ONDITIONS CONTINUES (a)	tory insuff	iciency		the:	deceased ve a pregnant	SET AND DEA' S, 29mir  was female cy in last 90 o
CEDTIELOATION	Condition which to above stating lying of PART II	ons, if any, pave rise to cause (a), the under-touse last. DUE TO (couse last.) DUE TO (couse	Respirat  Prematur  Prematur  ONDITIONS CON IN PART I (a)	tory insuff	iciency		the:	deceased ve a pregnant	SET AND DEA' S, 29mir  was female cy in last 90 o
CEDTIELOATION	PART II  19. WAS AUTOPSY PERFORMED? YES ON OZ  20c. TIME OF Hour INJURY a.m. p.m.	ons, if any, gave rise to cause (a), the under-cause last. DUE TO (c disease condition given i	Respiration Premature (a) Conditions Conditi	rity  NTRIBUTING TO DEAT  206. DESCRIBE HO	iciency  H but not related to	. (Enter nature of	injury in PART I	deceased of the appropriate of the pregnant of	ves female cy in last 90 o
CEDTIELOATION	Condition which to above stating lying of PART II	ons, if any, pave rise to cause (a), the undercause last. DUE TO (c disease condition given i	Respiration Premature (a) Conditions Conditi	rity  NTRIBUTING TO DEAT  20b. DESCRIBE HO  , in or about home,	iciency	. (Enter nature of	the:	deceased of the appropriate of the pregnant of	SET AND DEA' S, 29mir  was female cy in last 90 o
CEDTIELOATION	Condition which is above stating lying of the condition o	ons, if any, gove rise to cause (a), the undercause last. DUE TO (c disease condition given i	OF INJURY (e.g. factory, street, off	TRIBUTING TO DEAT  20b. DESCRIBE HO  in or about home, fice bldg., etc.)	iciency  H but not related to  W INJURY OCCURRED  20f. CITY, TOWN, OR	. (Enter nature of	injury in PART I	deceased re e pregnanty	ves female cy in last 90 o
CEDTIELOATION	Condition which conditions will be conditionally conditions which conditions which conditions will be conditionally conditions with the conditions which conditions will be conditionally conditions which conditions will be conditionally conditions which conditions will be conditionally conditionally conditions will be conditionally conditionally conditions will be conditionally conditio	ons, if any, gave rise to cause (a), the undercause last. DUE TO (c disease condition given in Month, Day, Year CED COMPART CO	OF INJURY (e.g. fectory, street, off	ory insuff: rity  NTRIBUTING TO DEAT  20b. DESCRIBE HO  in or about home, fice bldg., etc.)	iciency  H but not related to W INJURY OCCURRED  20f. CITY, TOWN, OR	LOCATION	cou	deceased re a pregnant Yes NTY	ves female cy in last 90 co Unkn
MOTANISTER OF THE STATE OF THE	PART II  19. WAS AUTOPSY PERFORMED? YES NO MED PART II  20c. TIME OF Hour INJURY a.m. p.m.  20d. INJURY OCCURR WHILE AT WOR NOT WHILE AT Death occurred a period of the death occurred a period oc	ons, if any, gave rise to cause (a), the under-cause last. DUE TO (consequence of the under-cause of the	OF INJURY (e.g., factory, street, off	ory insuff: rity  NTRIBUTING TO DEAT  20b. DESCRIBE HO  in or about home, fice bldg., etc.)	iciency  H but not related to  W INJURY OCCURRED  20f. CITY, TOWN, OR	LOCATION	cou	deceased of the pregnant of the pregnant of the cause of the pregnant of t	vas female cy in last 90 to 0 Unkn of item 18.)
NOITECTIFICATION	PART II  19. WAS AUTOPSY PERFORMED? YES NO 21  20c. TIME OF Hour INJURY A.m. 20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT 22a. SIGNATURE	ons, if any, pave rise to cause (a), the undercause last.  DUE TO (b. DUE TO (c. DUE TO)  I. OTHER SIGNIFICANT C. disease condition given in the undercause last.  20a. ACCIDENT SUICIDITY C. DUE TO (c. DUE TO)  T. Month, Day, Year c. DUE TO (c. DUE TO)  T. Month, Day, Year c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO (c. DUE TO)  T. MONTH, DAY, YEAR c. DUE TO	ONDITIONS CON IN PART I (a)  OF INJURY (e.g. fectory, street, off	ory insuff: rity  NTRIBUTING TO DEAT  20b. DESCRIBE HO  in or about home, fice bldg., etc.)	iciency  H but not related to W INJURY OCCURRED  20f. CITY, TOWN, OR  121. 60  and and added stated above, a	LOCATION  d last saw him all and to the best of	COU ive on 11 c	deceased of the pregnant of the pregnant of the cause of the pregnant of t	was female cy in last 90 to 0 Unknot item 18.)  STATE
NOITECTIFICATION	Condition which is above stating lying of the stating lying lyi	ons, if any, pave rise to cause (a), the undercause last.  DUE TO (b. DUE TO (c. DUE TO)  I. OTHER SIGNIFICANT C. disease condition given in the undercause last.  20a. ACCIDENT SUICIDITY  Month, Day, Year  EED 20e. PLACE farm, f. DUE TO (c. DUE TO)  PLAUT, Capt, I. Due TO (c. DUE TO)	ORESPITAT  OPPRENETUR  ONDITIONS CON IN PART I (a)  OF INJURY (e.g. fectory, street, off	ory insuff: rity  NTRIBUTING TO DEAT  20b. DESCRIBE HO  in or about home, fice bldg., etc.)	iciency  H but not related to  W INJURY OCCURRED  20f. CITY, TOWN, OR  120f. ADDRESS  Ft. Leona	LOCATION  d last saw him all and to the best of MOOD.  The WOOD.  The WOOD.	COU  ive on 11 c  f my knowledge,	deceased of the appropriate of the cause of	ves female cy in last 90 o Unkn of item 18.)  STATE  Juses stated. 22c. DATE SIG (State)
MEDICAL CERTIFICATION	PART II  19. WAS AUTOPSY PERFORMED? YES NO 21  20c. TIME OF Hour INJURY A.M.  20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT 22a. SIGNATURE SAMUEL M.	ons, if any, pave rise to cause (a), the undercause last.  DUE TO (b. 1. OTHER SIGNIFICANT Concesses condition given in the undercause last.  20a. ACCIDENT SUICIDING MORK Deceased from 11 Julescenaed from 1	ORESPITAT  OPPRENETUR  ONDITIONS CON IN PART I (a)  OF INJURY (e.g. fectory, street, off	ory insuff:  rity  NTRIBUTING TO DEAT  20b. DESCRIBE HO  20b. DESCRIBE HO  in or about home, fice bldg., etc.)  to 11 July 129 P m on the control of Cemeter of Cemet	iciency  H but not related to  W INJURY OCCURRED  20f. CITY, TOWN, OR  120f. ADDRESS  Ft. Leona	LOCATION  d last saw him all and to the best of the be	coulive on 11 c	deceased re a pregnant Yes NTY  NTY  Tul 60  from the cau	ves female cy in last 90 o Unkn of item 18.)  STATE  Juses stated. 22c. DATE SIG (State)

## STATEMENT BY LICENSED EMBALMER

Licensed Embalmer No.\_\_\_

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed
or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed Clarence Pross

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conwith the above constitutes grounds for revocation of license).

h 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.