

## FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960

-60-027909

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. Registrar's No. 98

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Pulaski</u>				a. STATE <u>Missouri</u> b. 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</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 <u>US Army Hospital</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>3. NAME OF DECEASED</b> (Type or print)				<b>4. DATE OF DEATH</b>			
First <u>Michael</u> Middle <u>Eugene</u> Last <u>Barrett</u>				Month <u>Jul</u> Day <u>11</u> Year <u>60</u>			
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>Negro</u>		<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>7-11-60</u>	
<b>9. AGE</b> (last birthday) <u>8</u> <u>29</u> Min.		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) ---		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> ---		<b>11. BIRTHPLACE</b> (City and state or country) <u>Ft. Leonard Wood, Mo.</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>Lawrence Bell Barrett</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Lou Turner</u>		<b>14. NAME OF HUSBAND OR WIFE</b> ---	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> ---		<b>17. INFORMANT</b> <u>Lawrence B. Barrett, Ft. Leonard Wood, Mo.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:				<b>INTERVAL BETWEEN ONSET AND DEATH</b>			
IMMEDIATE CAUSE (a) <u>Respiratory insufficiency</u>				<u>8hrs, 29min</u>			
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			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.		Month, Day, Year _____					
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b> _____ <b>STATE</b> _____	
<b>21. I attended the deceased from</b> <u>11 Jul 60</u> <b>to</b> <u>11 Jul 60</u> <b>and last saw him alive on</b> <u>11 Jul 60</u> <b>Death occurred at</b> <u>1:29 P</u> <b>on the date stated above, and to the best of my knowledge, from the causes stated.</b>							
<b>22a. SIGNATURE</b> <u>Samuel M. Plaunt</u> (Degree or title) <u>SAMUEL M. PLAUNT, Capt, MC</u>				<b>22b. ADDRESS</b> <u>Ft. Leonard Wood, Mo.</u>		<b>22c. DATE SIGNED</b> <u>12 Jul 60</u>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>		<b>23b. DATE</b> <u>7/13/1960</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Post Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Fort Leonard Wood Missouri</u>	
<b>24. FUNERAL DIRECTOR</b> <u>Hedges</u> <u>Hedges Funeral Homes</u>		<b>ADDRESS</b> <u>140 Crocker, Mo</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>7-13-60</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Carla M. Anderson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Clarence P. Moss*

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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.