URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960

-60-027914

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 100

ENDED

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fort Leonard Wood — Length of stay in 1b: 9 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Between range 21 and 22, Fort Leonard Wood — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Indiana — b. COUNTY: Lake
c. CITY OR TOWN: East Chicago — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4854 Walsh Avenue — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Alfred — Middle: Robert — Last: Kolodziej

4. DATE OF DEATH: Month: July — Day: 13 — Year: 1960

5. SEX: Male

6. COLOR OR RACE: Cau

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 15 Nov 36

9. AGE (last birthday): 23 — 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): Soldier

10b. KIND OF BUSINESS OR INDUSTRY: US Army

11. BIRTHPLACE (City and state or country): East Chicago, Indiana

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Deceased

13b. MOTHER'S MAIDEN NAME: Louise (unknown)

14. NAME OF HUSBAND OR WIFE: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 6 Oct 59-13 Jul 60

16. SOCIAL SECURITY NO.: 317-38-2597

17. INFORMANT: Louise Kolodziej, East Chicago, Indiana

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)	Cardiac failure	immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Rupture of heart	immediate
DUE TO (c)	Crushing injury of chest	

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) MRA tracter pulling roller jackknifed

20c. TIME OF INJURY: Hour 4:30 p.m. — Month, Day, Year: Jul 13, 60

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Road

20f. CITY, TOWN, OR LOCATION: Fort Leonard Wood — COUNTY: Pulaski — STATE: Missouri

21. I saw the deceased on July 13, 1960, to _____

Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Yutaka Fukurai, Capt MC.

22b. ADDRESS: US ARMY HOSPITAL FT. LEONARD WOOD, MISSOURI

22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: July 15 1960

23c. NAME OF CEMETERY OR CREMATORY: Unknown

23d. LOCATION (City, town, or county) (State): East Chicago Indiana

24. FUNERAL DIRECTOR — ADDRESS: HEDGES FUNERAL HOMES INC CROCKER MO

25. DATE RECD. BY LOCAL REG.: 7-15-60

26. REGISTRAR'S SIGNATURE: Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

JUL 27 1960
JUL 28 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clarence Ghosh

Licensed Embalmer No. 4896

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.