

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031645

FILED VS AUG 24 1960

290

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **114**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Pulaski b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft. Leonard Wood, Mo. Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski c. CITY OR TOWN Ft. Leonard Wood Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) US Army Hospital Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First James Middle Woodrow Last Crawford			4. DATE OF DEATH Month Aug Day 10 Year 60				
5. SEX Male	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 Aug 60	9. AGE (last birthday) IF UNDER 1 YEAR Months _____ Days 8	IF UNDER 24 HR Hours _____ Min. _____		
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 Donald James Crawford			13b. MOTHER'S MAIDEN NAME Paulette Irene Hatcher		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) ---		16. SOCIAL SECURITY NO. ---		17. INFORMANT Address Donald J. Crawford, Ft. Leonard Wood, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration pneumonia DUE TO (b) Congenital tracheo esophogeal fistula DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 2 days 8 days		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Imperforated anus				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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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 3 August 1960 to 10 August 1960 and last saw her 10 August 1960 him alive on Death occurred at 9:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James T. Adams, Capt, MC (Printed name, title)			22b. ADDRESS Ft. Leonard Wood, Mo.		22c. DATE SIGNED 10 Aug 60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 11/60	23c. NAME OF CEMETERY OR CREMATORY Red Bank Cemetery		23d. LOCATION (City, town, or county) (State) Lakewood, Illinois.			
24. FUNERAL DIRECTOR Hedges Funeral Home Waynesville, Mo ADDRESS			25. DATE RECD. BY LOCAL REG. 8-11-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Moore

Licensed Embalmer No. 4896

P. O. Address Waynesville

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