

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-047107

ED VS JAN 13 1961

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 170

STATE FILE NUMBER

UNDE

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft Leonard Wood, Mo.	Length of stay in 1b	c. CITY OR TOWN Waynesville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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"/>	d. STREET ADDRESS (If outside, give location) Wagner Trailer Court	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First DONALD Middle EUGENE Last LEA			4. DATE OF DEATH Month December Day 28 Year 1960			
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 25 Sep 1953	9. AGE (last birthday) 7	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)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Fort Campbell, Ky	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME DOYLE E. LEA		13b. MOTHER'S MAIDEN NAME MARTHA GIBSON		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) No		16. SOCIAL SECURITY NO. -		17. INFORMANT Address Doyle E. Lea, Waynesville, Missouri		

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	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hemorrhage	
	DUE TO (c) Blood Dyscrasis	
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 checked="" type="checkbox"/> NO <input 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 **27 December 1960** to **28 December 1960** last saw ^{him} ~~her~~ alive on **28 December 1960**
Death occurred at **11:20 A.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE MERWIN J. COVEY, Captain, MC		22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		22c. DATE SIGNED 29 Dec 60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/30/1960	23c. NAME OF CEMETERY OR CREMATORY Hill Cemetery	23d. LOCATION (City, town, or county) (State) BURBON Mo	
24. FUNERAL DIRECTOR OLTMANN F.H. UNION, YMO		ADDRESS	25. DATE RECD. BY LOCAL REG. 12-30-60	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 Ralph Oltman

Licensed Embalmer No. 4808

P. O. Address Union, Mo

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.