

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 23 1961

=61-002584

STATE FILE NUMBER

AMENDED

Registration District No. 290 Primary Registration District No. \_\_\_\_\_ Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fort Leonard Wood, Mo.</u>	Length of stay in 1b	c. CITY OR TOWN <u>Fort 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 (if outside, give location) <u>72 Pulaski Street</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>LETRESS</u> Middle <u>MAE</u> Last <u>HILL</u>			4. DATE OF DEATH Month <u>January</u> Day <u>12</u> Year <u>1961</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>March 15</u> <u>April 1940</u>	9. AGE (last birthday) <u>20</u>	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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (City and state or country) <u>Mc Minville, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John W. Frank M. Young</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Mae Talbot</u>	14. NAME OF HUSBAND OR WIFE <u>Eugene F. Hill</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT <u>Eugene F. Hill, Fort Leonard Wood, Mo.</u>
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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) <u>Cardiac tamponade</u>		
DUE TO (b) <u>Gunshot wound of heart</u>  DUE TO (c) _____  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		

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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Self-inflicted bullet wound</u>
20c. TIME OF INJURY Hour <u>12:20</u> a.m. <u>PM</u> Month, Day, Year <u>Jan 12, 61</u>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Ft. Leonard Wood</u>	COUNTY <u>Pulaski</u>	STATE <u>Missouri</u>
21. I <del>was</del> deceased from <u>Jan 12, 1961</u> to <u>Jan 12, 1961</u> and last saw her <del>him</del> alive on <u>never</u> Death occurred at <u>12:40</u> A. m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>George F. Scofield</u> <u>GEORGE F. SCOFIELD, CAPT, MC</u>	22b. ADDRESS <u>US Army Hospital</u> <u>Fort Leonard Wood, Missouri</u>	22c. DATE SIGNED <u>13 Jan 61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JAN 15 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WAYNESVILLE MEMORIAL Cem. WAYNESVILLE</u>	23d. LOCATION (City, town, or county) (State) <u>Missouri</u>
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24. FUNERAL DIRECTOR <u>Moss-Williams</u>	ADDRESS <u>JUNERAL HOME WAYNESVILLE MO 1-14-61</u>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <u>Eugene F. Hill</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED: 2/27/61, 2/27/61  
INSTEAD OF: April 1940, Frank M. Young  
SHOULD READ: March 15, 1940, John W. Young  
BY AFFIDAVIT OF: Funeral Director

MEDICAL CERTIFICATION

JAN 23 1961

FEB 27 1961

MAY 5 1961

**STATEMENT BY LICENSED EMBALMER**

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

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

Signed Clarence Thross

Licensed Embalmer No. 4896

P. O. Address Waynesville, MO

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.