

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010169

STATE FILE NUMBER

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 45

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>		c. CITY OR TOWN <u>Fort Leonard Wood</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>US Army Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>110 Forrest Street</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>DAVID RALPH WYNN</u>		4. DATE OF DEATH Month Day Year <u>April 5, 1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>9 Aug 60</u>
9. AGE (last birthday) Months <u>7</u> Days <u>27</u>		IF UNDER 1 YEAR IF UNDER 24 HR Hours Min.	
10a. MAJOR 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) <u>Ft Leonard Wood, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>James R. Wynn</u>		13b. MOTHER'S MAIDEN NAME <u>Lavonne Jacobson</u>	
14. NAME OF HUSBAND OR WIFE <u>-</u>		Address	
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>0</u>	
17. INFORMANT <u>James R. Wynn, Fort Leonard Wood, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Endocardial Fibroelastosis</u> 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
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.)			
20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <u>5 April 1961</u> to <u>5 April 1961</u> and last saw him alive on <u>5 April 1961</u> Death occurred at <u>10:15 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>MAURICE D. COHN, Captain, MC</u>		22b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>	
22c. DATE SIGNED <u>6 Apr 61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/7/61</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Post Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Ft Leonard Wood Missouri</u>	
24. FUNERAL DIRECTION <u>Moss-Williams Funeral Homes</u>		25. DATE RECD. BY LOCAL REG. <u>4-7-61</u>	
26. REGISTRAR'S SIGNATURE <u>Eula Mae Anderson</u>			

(Licensed Embalmer's Statement on Reverse Side)

APR 19 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 D. Mose

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.