

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022187

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 290 Primary Registration District No. \_\_\_\_\_ Registrar's No. 80

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED JUL 11 1961**

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  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE N. York b. COUNTY Bronx  
 c. CITY OR TOWN Bronx Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 802 Fairmont Place Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Otilio Middle Hoare Last Lugo  
 4. DATE OF DEATH Month July Day 1 Year 1961

5. SEX Male 6. COLOR OR RACE Cau 7. Married  Never Married   
 Widowed  Divorced  8. DATE OF BIRTH 10/31/04 9. AGE (last birthday) 57  
 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) South America  
 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Deceased 13b. MOTHER'S MAIDEN NAME Deceased 14. NAME OF HUSBAND OR WIFE Elisabeth Lugo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 18 yrs 9 months  
 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT Elisabeth Lugo Address Swedeborg, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Pulmonary Edema  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Trauma of auto accident  
 DUE TO (c) \_\_\_\_\_  
 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.) Struck by automobile

20c. TIME OF INJURY Hour \_\_\_\_\_ s.m. \_\_\_\_\_ p.m. \_\_\_\_\_ Month, Day, Year 7 / 1 / 61

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.) Street 20f. CITY, TOWN, OR LOCATION Ft Leonard Wood COUNTY Pulaski STATE Mo

21. I attended the deceased from on July 1, 1961 to \_\_\_\_\_ and last saw him Never alive on \_\_\_\_\_  
 Death occurred at 10.00 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. H. Magaltn Capt MC 22b. ADDRESS U S Army Hospital Fort Leonard Wood, Mo 22c. DATE SIGNED 7/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 7/5/1961 23c. NAME OF CEMETERY OR CREMATORY National Cemetery 23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.

24. FUNERAL DIRECTOR Carl J. Glenn West ADDRESS 10th. st., Rolla, Mo. 25. DATE RECD. BY LOCAL REG. 7-3-61 26. REGISTRAR'S SIGNATURE Paul J. Anderson

JUL 20 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

*Carl J. Glenn*

Licensed Embalmer No. 4707

P. O. Address Rolla, 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.