

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-033861

STATE FILE NUMBER

AMENDED

FILED OCT 11 1961

Primary Registration District No.

Registrar's No.

117

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

12/14/61

12/14/61

INSTEAD OF

Golden Gate National

San Francisco

SHOULD READ

El Carmelo Cemetery

Pacific Grove

BY AFFIDAVIT OF Funeral Director

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Washington b. COUNTY King	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fort Leonard Wood		c. CITY OR TOWN Seattle	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If outside, give location) 11028 - 35th Ave N. E.	
3. NAME OF DECEASED (Type or print) First HOWARD Middle WHITE Last WILSON		4. DATE OF DEATH Month October Day 4 Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/18/10
9. AGE (last birthday) 50		10. IF UNDER 1 YEAR Months 50 Days 50 Hours 50 Min. 50	
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) Red Wing, Minnesota		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Deceased		13b. MOTHER'S MAIDEN NAME Lina (Unknown)	
14. NAME OF HUSBAND OR WIFE Persis Marguerite Wilson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 16 yrs 3 mo	
16. SOCIAL SECURITY NO. 532-10-2443		17. INFORMANT 7-B Young Street Persis M. Wilson 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) Intra Cerebral Hemorrhage with Necrosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gunshot Wound of the Head 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 53 hours	
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.) Self inflicted gunshot wound		20c. TIME OF INJURY Hour 11:40 a.m. 10/2/61	
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.) Home	
20f. CITY, TOWN, OR LOCATION Ft Leonard Wood		COUNTY Pulaski STATE Missouri	
21. I attended the deceased from October 2, 1961 to October 4, 1961 and last saw him alive on October 4, 1961 Death occurred at 4:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank R. Catlin FRANK R. CATLIN, Captain, MC		22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	
22c. DATE SIGNED 10/5/61		23a. NAME OF CEMETERY OR CREMATORY El Carmelo Cemetery	
23b. DATE 10-5-1961		23c. LOCATION (City, town, or county) Pacific Grove San Francisco, Calif.	
24. FUNERAL DIRECTOR Carl J. Glenn Rella, Mo.		25. DATE RECD. BY LOCAL REG. 10-5-61	
26. REGISTRAR'S SIGNATURE Paula Anderson			

(Licensed Embalmer's Statement on Reverse Side)

1961 8 NOV

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.