

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003173

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

290
FILED JAN 18 1962

1. PLACE OF DEATH

a. COUNTY

Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Fort Leonard Wood

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION US Army HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois

b. COUNTY Macon

c. CITY
OR
TOWN DecaturInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1237 E. Moore StreetReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JACOB

ELSWORTH

BOST

4. DATE
OF
DEATH

Month

Day

Year

January

11

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

26 Sep 1942

9. AGE (last birthday)

19

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

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)

Decatur, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Jacob E. Bost, Sr.

13b. MOTHER'S MAIDEN NAME

Beatrice R. Custin

14. NAME OF HUSBAND OR WIFE

Address
1237 E. Moore St
Decatur, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
Yes 28 Nov 61 to date

16. SOCIAL SECURITY NO.

341-36-4087

17. INFORMANT

Beatrice R. Custin

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gunshot Wound of Head

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

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 ☐ Unknown19. 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.)

Shot self through head with M-1 rifle

20c. TIME OF
INJURY
6:03Hour
a.m.
XBOXMonth, Day, Year
1-11-6220d. 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.)
Outside building20f. CITY, TOWN, OR LOCATION
Near Bldg P-651
Fort Leonard Wood

COUNTY

Pulaski

STATE

Missouri

21. I attended the deceased from 11 Jan 1962 to 11 Jan 1962 and last saw him alive on never

Death occurred at pronounced dead 7:40 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

BURTON F. BRASHER, Lt Col, MC

22b. ADDRESS

US Army Hospital
Fort Leonard Wood, Missouri

22c. DATE SIGNED

1-11-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

1/12/1962

23c. NAME OF CEMETERY OR CREMATORY

Unknown

23d. LOCATION (City, town, or county)

Decatur, Ill.

24. FUNERAL DIRECTOR

ADDRESS

Carl J. Glenn West 10th. Rolla, Mo.

25. DATE RECD. BY LOCAL REG.

1-12-62

26. REGISTRAR'S SIGNATURE

Cula Gae Anderson

(Licensed Embalmer's Statement on Reverse Side)

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. Glen

Licensed Embalmer No. 4707

P. O. Address Rally, 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.