

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-52-016363**  
STATE FILE NUMBER

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE

Registration District No. 290 Primary Registration District No. \_\_\_\_\_ Registrar's No. 47

DO NOT WRITE ON THIS STUB

AMENDED

**FILED APR 18 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fort Leonard Wood</b>		c. CITY OR TOWN <b>Fort Leonard Wood</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>US Army Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>US Army Hospital</b>	
3. NAME OF DECEASED (Type or print) <b>RAYMOND DONALD NIX</b>		4. DATE OF DEATH Month <b>April</b> Day <b>12</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12 April 1962</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>-</b>
		<b>Ft Leonard Wood, Mo.</b>	11. BIRTHPLACE (City and state or country)
			12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Jerry M. Nix</b>		13b. MOTHER'S MAIDEN NAME <b>Anna G. Feeley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
		17. INFORMANT <b>Raymond D. Nix, Ft. Leonard Wood, Mo.</b>	
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) <b>Atelectasis</b>			
DUE TO (b) <b>Prematurity</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>April 12, 1962</b> to <b>April 12, 1962</b> and last saw <sup>SEX</sup> him alive on <b>April 12, 1962</b> Death occurred at <b>11:00 A.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>William D. Deupree</i> <b>WILLIAM D. DEUPREE, Captain, MC</b>		22b. ADDRESS <b>US Army Hospital Fort Leonard Wood, Missouri</b>	22c. DATE SIGNED <b>4-12-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4-16-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Post Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Ft. Leonard Wood MO</b>
24. FUNERAL DIRECTOR <i>Mass-Williams</i> <b>MASS-WILLIAMS Waynesville, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>4-12-62</b>	26. REGISTRAR'S SIGNATURE <i>Pauline Anderson</i>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Moss

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.