

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016364

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 58

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 9 1962

VS 300
Rev. 4/59

10850
3350

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY Pontotoc	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Cullen Township		c. CITY OR TOWN Ada	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt 1, 4 mi West of Waynesville, Mo on HW 66		d. STREET ADDRESS 419 So. Hope Street	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ALVIN WILLIAM NORMAN		4. DATE OF DEATH April 28 1962	
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 29 Oct 1932
9. AGE (last birthday) 29		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) Stonewall, Oklahoma
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Deceased	
13b. MOTHER'S MAIDEN NAME Emma Jane (Unknown)		14. NAME OF HUSBAND OR WIFE Elizabeth M. Norman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 24 Nov 50 to date		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Elizabeth M. Norman, Rte 1, Waynesville, Mo.		Address _____	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot Wound of Head, Self-Inflicted			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying 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. <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 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 of Head with .22 rifle	
20c. TIME OF INJURY 11:55	Hour _____ Month, Day, Year 4-27-62	Pulaski County Coroner, C.E. Moss, Pronounced dead at 12:10 AM 28 April 1962	
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 Cullen Township	COUNTY STATE Pulaski Missouri
21. I attended the deceased <input checked="" type="checkbox"/> Death occurred at DOA 12:10 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Maurice E. Kraushaar, Captain, MC		22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	22c. DATE SIGNED 4-28-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2 May 1962	23c. NAME OF CEMETERY OR CREMATORY Post Cemetery	23d. LOCATION (City, town, or county) (State) Ft. Leonard Wood, Mo.
24. FUNERAL DIRECTOR Carl J. Glenn West 10th. st., Rolla, Mo.		25. DATE RECD. BY LOCAL REG. 5-2-62	26. REGISTRAR'S SIGNATURE <i>Gene J. Anderson</i>

USE BLACK INK OR TYPEWRITER RIBBON

MAY 15 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.