

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-62-016370**  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 290 Primary Registration District No. \_\_\_\_\_ Registrar's No. 59

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAY 9 1962**

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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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Arizona</b> b. COUNTY <b>Cochise</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fort Leonard Wood</b>		c. CITY OR TOWN <b>Fort Huachuca</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>115 Hughes Street</b>	
3. NAME OF DECEASED (Type or print) <b>ADRIENNE JENEE STINSON</b>		4. DATE OF DEATH Month <b>May</b> Day <b>2</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negroid</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>11 Dec 1961</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Ft Huachuca, Arizona</b>
13a. FATHER'S NAME <b>David Baxter Stinson</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Baldwin</b>	14. NAME OF HUSBAND OR WIFE <b>-</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.	17. INFORMANT <b>David B. Stinson</b> Address <b>115 Hughes Street Ft Huachuca, Arizona</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple Cerebral Contusions and Hemorrhage into the Brain</b> DUE TO (b) <b>Automobile Accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Was thrown out of automobile when it overturned</b>	
20c. TIME OF INJURY Hour <b>4:30</b> Month, Day, Year <b>5-2-62</b>		after striking a soft shoulder on the highway	
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.) <b>Highway 66</b>	20f. CITY, TOWN, OR LOCATION <b>15 mi SW Ft Leonard Wood, Mo</b> COUNTY <b>Mo</b> STATE <b>on HW 66</b>
21. I attended the deceased from <b>May 2, 1962</b> to <b>May 2, 1962</b> and last saw her <b>alive</b> on <b>May 2, 1962</b> Death occurred at <b>8:00 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Bruce T. Lessien, Captain; MC</b> (Degree & Title)		22b. ADDRESS <b>US Army Hospital Fort Leonard Wood, Missouri</b>	22c. DATE SIGNED <b>5-3-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>5/3/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Not Known</b>	23d. LOCATION (City, town, or county) (State) <b>Xenia Ohio</b>
24. REGISTERED EMBALMER'S SIGNATURE <b>Moss Williams</b> ADDRESS <b>Waynesville Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>5-3-62</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

**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 J. Mose*

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.