

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019890

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 65

FILED MAY 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

6/11/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Pending laboratory infection

SHOULD READ

Interstitital and lobular pneumonia, marked infection

BY AFFIDAVIT OF attending physician

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood		c. CITY OR TOWN Fort Leonard Wood	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 77 Sheppard Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 77 Sheppard Street
3. NAME OF DECEASED (Type or print) First JUAN Middle MANUEL Last ORTEGA		4. DATE OF DEATH Month May Day 7 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 26Dec1961
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) -
11. BIRTHPLACE (City and state or country) Ft Leonard Wood, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Sam Ortega		13b. MOTHER'S MAIDEN NAME Virginia Mary Montoya	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -	
17. INFORMANT Sam Ortega		Address 77 Sheppard Street Ft Leonard Wood, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) -Undetermined pending laboratory studies marked infection Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - DUE TO (c) -			INTERVAL BETWEEN ONSET AND DEATH
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 xxx xx <u>7 May 1962</u> and last saw him him alive on <u>never</u> Death occurred at <u>8:30 A.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Talmage M. Thomson</i> (Degree or title) TALMAGE M. THOMSON, Lt Col, MC		22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	
22c. DATE SIGNED 5-7-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/9/1962	23c. NAME OF CEMETERY OR CREMATORY Post Cemetery	23d. LOCATION (City, town, or county) (State) Ft. Leonard Wood MO
24. FUNERAL DIRECTOR Moss-Williams Waynesville, Mo		25. DATE RECD. BY LOCAL REG. 5-8-62	REGISTRAR'S SIGNATURE <i>Paula 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 Alvince Moore

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.