

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028189

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 290

Primary Registration District No.

Registrar's No. 72

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 18 1962

1. PLACE OF DEATH

a. COUNTY

Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Ft. Leonard Wood

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION US Army Hosp.

Inside Limits

Yes ☒ No ☐

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

a. STATE

Missouri

b. COUNTY

Pulaski

Inside Limits

Yes ☒ No ☐

c. CITY

OR
TOWN

Ft. Leonard Wood

d. STREET

ADDRESS

(If outside, give location)

US Army Hospital

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Carol

Middle

June

Last

Barnett

4. DATE

OF
DEATH

Month

Day

Year

June

9

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/8/62

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

22

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)

Ft. Leonard Wood, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Samuel A. Barnett

13b. MOTHER'S MAIDEN NAME

Barbara D. Slaushter

14. NAME OF HUSBAND OR WIFE

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

Samuel A. Barnett, Ft. Leonard Wood, Mo.

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congenital Atelectasis

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

DUE TO (b)

Prematurity

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.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. 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.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 8 1962, to June 9, 1962 and last saw him alive on June 9, 1962

Death occurred at 9:18

a.m.

p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Lyman J. Olsen

(Signed as title)

Major, MC

22b. ADDRESS

US Army Hospital
Fort Leonard Wood, Missouri

22c. DATE SIGNED

6-11-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

6/13/62

23c. NAME OF CEMETERY OR CREMATORY

Post Cemetery

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

Ft. Leonard Wood, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Glenn Funeral Home, Rolla, Missouri

25. DATE RECD. BY LOCAL REG.

6-13-62

26. REGISTRAR'S SIGNATURE

Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

VS 300
Rev. 4/59

1 0850

2 0850

3 2

4 1

5 0

6

7 0

8 2

9 762.5

10

11

12 2-0

13 1-1

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.