

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

## -62-032065

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 240 Primary Registration District No. \_\_\_\_\_ Registrar's No. 108

**FILED SEP 6 1962**

VS 300  
Rev. 4/59

68.50

281.50

3

4 0

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94201

10

11

1290-0

13-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. 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>Kansas</b> b. COUNTY <b>Geary</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ft Leonard Wood</b>		c. CITY OR TOWN <b>Junction City</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6 Turner Street</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>125 E. 10th Street</b>
3. NAME OF DECEASED (Type or print)		First <b>FRANK</b>	Middle <b>AMOS</b>
		Last <b>DAY</b>	4. DATE OF DEATH Month <b>August</b> Day <b>28</b> Year <b>1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11 Sep 09</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Enlisted Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>US Army</b>	9. AGE (last birthday) <b>52</b>
13a. FATHER'S NAME <b>Deceased</b>		13b. MOTHER'S MAIDEN NAME <b>Hazel S. (unk)</b>	11. BIRTHPLACE (City and state or country) <b>Junction City, Kansas</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW II 17 years</b>		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:		14. NAME OF HUSBAND OR WIFE <b>Louise F. Day</b>	
IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>		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 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
21a. I attended the deceased from <b>28 August 1962</b> to <b>28 August 1962</b> and last saw <del>him</del> <sup>her</sup> alive on <b>Never</b>		Death occurred at <b>pronounced dead at 11:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Urline S. Page, Captain, MC</i>		22b. ADDRESS <b>US Army Hospital Ft Leonard Wood, Missouri</b>	22c. DATE SIGNED <b>29 Aug 62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-31-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Junction City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Junction City, Kansas</b>
24. FUNERAL DIRECTOR <b>Mass Hillitt Funeral Home</b>	ADDRESS <b>Junction City, Kansas</b>	25. DATE RECD. BY LOCAL REG. <b>8-30-62</b>	26. REGISTRAR'S SIGNATURE <i>Clara J. Anderson</i>

SEP 18 1962

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 James Douglas Lusk

Licensed Embalmer No. 5099

P. O. Address Lebanon 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:

Permit obtained 8/29/62 (E.L.)