

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-039768

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. _____ Registrar's No. 122

FILED OCT 24 1962

VS 300
Rev. 4/59

10850

2850

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Ft Leonard Wood		c. CITY OR TOWN Ft Leonard Wood	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If outside, give location) B-5th Engr Bn	
3. NAME OF DECEASED (Type or print) First GARY Middle NMI Last HAYES		4. DATE OF DEATH Month October Day 13 Year 1962	
5. SEX Male	6. COLOR OR RACE Cau	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 16 Jan 36
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Enlisted Man		10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and state or country) Horry Cty, S. C.
13a. FATHER'S NAME Ernest M. Hayes		13b. MOTHER'S MAIDEN NAME Deceased	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) Yes 7 1/2 years		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address Ernest M. Hayes, Box 3, Marietta, N.C.
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of trachea, esophagus, carotid artery DUE TO (b) Severe lacerations of neck DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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 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.) Struck by automobile while walking along Hwy #66	
20c. TIME OF INJURY Hour 4:37 e.m. Month, Day, Year Oct 13 62		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on Hwy #66	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Robert, Pulaski, Missouri	
21. I attended the deceased from 13 Oct 62 to 13 Oct 62 and last saw him alive on Never Death occurred at pronounced dead at 6:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do not write in ink) Ted P. Smith, Capt, MC		22b. ADDRESS US Army Hospital, Ft Leonard Wood	22c. DATE SIGNED 13 Oct 62
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 10-19-62	23c. NAME OF CEMETERY OR CREMATORY Columbia City Cemetery	23d. LOCATION (City, town, or county) (State) Mullers, South Carolina
24. FUNERAL DIRECTOR Cox Funeral Home - Mullers South Carolina		25. DATE RECD. BY LOCAL REG. 10-15-62	26. REGISTRAR'S SIGNATURE [Signature]

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 James Douglas Griswold
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.

James Douglas Griswold 10/10/62 (BAC)