

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043733
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 136

FILED NOV 20 1962

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USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood		c. CITY OR TOWN Harrison	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If outside, give location) Route 7	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RICHARD Middle LAVERN Last PURDY, JR.			4. DATE OF DEATH Month November Day 13 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 12 Nov 1962
9. AGE (last birthday) Months 0 Days 1 Hours Min. 		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10a. -		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 Richard L. Purdy		13b. MOTHER'S MAIDEN NAME Mimmiadell Kelley	
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 Richard L. Purdy Address Lynn St, Waynesville, 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) Respiratory insufficiency DUE TO (b) Prematurity (6 mos gestation) 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 type="checkbox"/> NO <input checked="" 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 - 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 from November 12, 1962 to Nov 13, 1962 and last saw him alive on 13 November 1962		Death occurred at 9:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Phillip E. Winter (degree or title) PHILLIP E. WINTER, Captain, MC		22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	
22c. DATE SIGNED 14 Nov 62		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE NOV 16, 1962		23c. NAME OF CEMETERY OR CREMATORY POST CEMETERY	
23d. LOCATION (City, town, or county) (State) FT. LEONARD WOOD, MISSOURI		24. FUNERAL DIRECTOR MOSS-WILLIAMS, WAYNESVILLE	
25. DATE RECD. BY LOCAL REG. 11-16-62		26. REGISTRAR'S SIGNATURE Eula Mae Anderson	

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 Thross

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.