

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-047974

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 146

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0850
2 0850
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9773.5
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. FILED DEC 19 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Pulaski		a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood, Mo.		c. CITY OR TOWN Fort Leonard Wood	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input 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) US Army Hospital	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last JIMMY FOUNTAIN			4. DATE OF DEATH Month Day Year December 14 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 Dec 1962
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) - Months 0 Days 2 Hours - Min.
-		11. BIRTHPLACE (City and state or country) Ft Leonard Wood, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Sammie D. Fountain		13b. MOTHER'S MAIDEN NAME Mireille M. Pineau	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 Sammie D. Fountain Crocker, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Respiratory Insufficiency			
Conditions, if any, which gave rise to above cause (a), stating the underlying 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. <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 s.m. p.m.			
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 12 Dec 1962 to 14 Dec 1962 and last saw him ^{XDEK} alive on 14 Dec 1962		Death occurred at 3:25 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE DONALD D. NUSS, Captain, MC		22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	22c. DATE SIGNED 12-14-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 17, 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 CROCKER, MO.	25. DATE RECD. BY LOCAL REG. 12-17-62	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE BLACK INK OR TYPEWRITER RIBBON

STATE OF MISSOURI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

X

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 F. Rose

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.

Permit obtained 12-17-62