

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008038

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290

Primary Registration District No. _____

Registrar's No. 34

FILED MAR 6 1963

VS 300
Rev. 4/59

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 <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fort Leonard Wood</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>US Army Hospital</u>		d. STREET ADDRESS <u>840 New Jersey</u>	
3. NAME OF DECEASED (Type or print) First <u>MELVIN</u> Middle <u>EUGENE</u> Last <u>CALVIN</u>		4. DATE OF DEATH Month <u>February</u> Day <u>28</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negroid</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>3-27-44</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>US Army</u>	
13a. FATHER'S NAME <u>Thomas Turner (Deceased)</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Watson Turner (Deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>220-62 to date</u>		16. SOCIAL SECURITY NO. <u>324-36-4625</u>	
18. CAUSE OF DEATH (Term only the cause per him for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Penetrating wound, right ventricular heart</u> DUE TO (b) <u>Stab wound of pocket knife</u> 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 ☐ Unknown		11. BIRTHPLACE (City and state or country) <u>Kansas City, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		14. NAME OF HUSBAND OR WIFE <u>Oscar Calvin</u>	
19. 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.) <u>Stab wound of heart in Bldg 1573</u>		20c. TIME OF INJURY Hour <u>10:20</u> P.M. Month, Day, Year <u>2-28-63</u>	
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.) <u>Barracks</u>	
20f. CITY, TOWN, OR LOCATION <u>Fort Leonard Wood</u>		COUNTY <u>Pulaski</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>2-28-63</u> to <u>2-28-63</u> and last saw him alive on <u>never</u> Death occurred at <u>dead on arrival 10:35 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George C. Barker Capt MC</u>		22b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>	
22c. DATE SIGNED <u>3-1-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
23b. DATE <u>Mar. 2, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ft. Leavenworth Nat. Cem. Ft. Leavenworth Kansas</u>	
24. FUNERAL DIRECTOR <u>Palmer Funeral Home, Lebanon Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-1-63</u>	
26. REGISTRAR'S SIGNATURE <u>Emilia J. Anderson</u>		27. LICENSED EMBALMER'S STATEMENT ON REVERSE SIDE	

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 12 1963

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

Charles F. Tyler

Licensed Embalmer No. 4534

P. O. Address _____

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.