

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017142

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290

Primary Registration District No.

Registrar's No. 57

STATE/FILE NUMBER

FILED APR 23 1963

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fort Leonard Wood</u>		c. CITY OR TOWN <u>Fort Leonard Wood</u>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>US Army Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>18 Siebert Lane</u>	
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>WAYNE</u> Last <u>BOGGS</u>		4. DATE OF DEATH Month <u>April</u> Day <u>15</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>Dec 31, 1962</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <u>William J. Boggs</u>		11b. MOTHER'S MAIDEN NAME <u>Barbara J. Allen</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		13. SOCIAL SECURITY NO. <u>-</u>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coarctation of the aorta</u> <u>Deferred pending pathological results</u> Petechial hemorrhages of lungs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>-</u> DUE TO (c) <u>-</u>		15. INFORMANT <u>William J. Boggs</u> Address <u>18 Siebert Lane</u> <u>Ft. Leonard Wood, Mo.</u>	
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, there a pregnancy in last 90 days ☐ Yes ☐ No ☐ Unknown	
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.)	
20c. TIME OF INJURY Hour <u>-</u> s.m. <u>-</u> p.m. <u>-</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.)		20f. CITY, TOWN, OR LOCATION <u>Fort Leonard Wood, Missouri</u>	
21. I attended the deceased from <u>April 15, 1963</u> to <u>April 15, 1963</u> and last saw him alive on <u>never</u>		22. ADDRESS <u>US Army Hospital</u>	
23a. SIGNATURE <u>John C. Wellow, Coroner</u>		23b. DATE <u>4-15-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Forest Lawn Mem Cam</u>		23d. LOCATION (City, town, or county) <u>Weston West Virginia</u>	
24. FUNERAL DIRECTOR <u>Moss Williams</u>		25. DATE RECD. BY LOCAL REG. <u>4-15-63</u>	
26. REGISTRAR'S SIGNATURE <u>Charles M. Anderson</u>		27. REGISTRAR'S SIGNATURE	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

5/24/63

Pending pathological reports

Coarctation of the aorta

5/24/63

Petechial hemorrhages of lungs

BY AFFIDAVIT OF attending physician

DOCUMENT

MEDICAL CERTIFICATION

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.