

FILED AUG 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. 27904

BIRTH NO. 46866-57 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY Pulaski 0850		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Indiana b. COUNTY St. Joseph	
b. CITY (If outside corporate limits, write RURAL and give township) Ft Leonard Wood, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) South Bend 8730	
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If rural, give location) 2303 Kerslake Court 8	
3. NAME OF DECEASED (Type or Print) a. (First) Cyntia Johanna		b. (Middle) Swan	c. (Last) Swan
4. DATE OF DEATH July 18 1951		5. SEX Female	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> MARRIED		8. DATE OF BIRTH July 17, 1951	9. AGE (In years last birthday) 16 31
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ft Leonard Wood, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Cpl William Swan	
13b. MOTHER'S MAIDEN NAME Bonniejean Margaret Fortin		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)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis INTERVAL BETWEEN ONSET AND DEATH 16 hrs 31 M. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7625
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 17 Jul 51, 1951, to 18 July, 1951, that I last saw the deceased alive on 18 July, 1951, and that death occurred at 10:45 am., from the causes and on the date stated above.			
23a. SIGNATURE H. T. Lang, Jr. (Degree or title) M.D.		23b. ADDRESS Ft Leonard Wood, Mo U. S. Army Hospital	23c. DATE SIGNED 18 July 51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 21, 1951	24c. NAME OF CEMETERY OR CREMATORY Ilexia Cemetery Ilexia Missouri
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE REC'D BY LOCAL REG. 7-23-51		REGISTRAR'S SIGNATURE Paula Mae Anderson 458	FUNERAL DIRECTOR'S SIGNATURE ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-23-51
Pulaski County Health Officer
File Number
Date Filed 8-18-51

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Walter P. Neuge*
Licensed Embalmer No. *4265*
P. O. Address *Shirley, 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 this body is not embalmed, fact should be so stated above.