

STANDARD CERTIFICATE OF DEATH

BIRTH NO. 30971 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Pulaski 0850		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Du Page 8120	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Leonard Wood, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wheaton 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS (If rural, give location) 304 West Illinois Street	

3. NAME OF DECEASED (Type or Print) a. (First) Leo	b. (Middle) Dino	c. (Last) Daminato	4. DATE OF DEATH (Month) (Day) (Year) May 12 1952
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) - 0	8. DATE OF BIRTH 12 May 1952	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 30 MIN. Min. 30
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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
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13a. FATHER'S NAME Etalo Daminato	13b. MOTHER'S MAIDEN NAME Vera Schauer	14. NAME OF HUSBAND OR WIFE -
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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'S SIGNATURE OR NAME Etalo Daminato, Wheaton, Illinois	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2hrs 30min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital atelectasis		
	ANTECEDENT CAUSES DUE TO (b) Prematurity Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 7625		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coarctation of the aorta			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 5:00 PM 12 May 1952	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12 May, 1952, to 12 May, 1952, that I last saw the deceased alive on 12 May, 1952, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE Lawrence Levine (Degree or title) 0	23b. ADDRESS Ft. Leonard Wood, Missouri	23c. DATE SIGNED 14 May 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 20, 1952	24c. NAME OF CEMETERY OR CREMATORY Egan Cemetery	24d. LOCATION (City, town, or county) (State) Pulaski County, Missouri
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DATE REC'D BY LOCAL REG. 5-20-52	REGISTRAR'S SIGNATURE Paula Gray Anderson 438	25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 5-24-52
File Number 6-28-52
RECEIVED
Missouri County Health Officer

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 _____

No embalming May 20, 1952
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, 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.