

No. 300
10.48

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19698

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>70</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Puerto Rico</u> b. COUNTY <u>Unknown</u>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Ft Leonard Wood</u>		c. LENGTH OF STAY (In this place) <u>19 hrs 50 min.</u>		c. CITY OR TOWN <u>San Sebastian</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Army Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Bo. Calabacas</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sergio</u> b. (Middle) <u>H.</u> c. (Last) <u>Vega-Gonzalez</u>			4. DATE OF DEATH (Month) <u>June</u> (Day) <u>9</u> (Year) <u>1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>December 18, 1932</u>	
9. AGE (In years last birthday) <u>22</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
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>U S Army</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>San Sebastian, Puerto Rico</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Edelmiro Vega-Soto</u>			13b. MOTHER'S MAIDEN NAME <u>Juana Vega-de Vega</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes 24 Feb 55 to date</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Walter P Hayes, Major, MSC, Ft. Leonard Wood, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pulmonary</u> MEDICAL CERTIFICATION <u>Hemorrhage pulmonary with edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Meningococcemia</u> DUE TO (c) <u>Meningitis, meningococcic, purulent</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemorrhage, adrenal cortical, right</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION -----		19b. MAJOR FINDINGS OF OPERATION <u>0570</u>				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -----		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 <u>June 8</u> , 19 <u>55</u> , to <u>June 9</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 9</u> , 19 <u>55</u> , and that death occurred at <u>04:40 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ruane R Walker Capt, M.C.</u>				23b. ADDRESS <u>US Army Hospital Ft. Leonard Wood, Missouri</u>		23c. DATE SIGNED <u>9 June 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 14-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>San Sebastian Puerto Rico</u>	
DATE REC'D BY LOCAL REG. <u>6-11-55</u>		REGISTRAR'S SIGNATURE <u>Paula Lynn Anderson</u>		45% FUNDING DIRECTOR'S SIGNATURE <u>Walter P Hayes</u>		ADDRESS <u>HELGES FUNERAL HOMES CRUCKER MO</u>	

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

Date Filed 6-18-55
File Number

Pulaski County Health Officer
RECEIVED 6-11-55

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 E. Moss

Licensed Embalmer No. 498

P. O. Address Waynesville

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.