

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

STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1956

State File No. **2365**

BIRTH NO. 2974-56 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) Fort Leonard Wood, Mo		c. CITY (If outside corporate limits, write RURAL and give township) Fort Leonard Wood	
c. LENGTH OF STAY (In this place) 6 days		d. STREET ADDRESS (If rural, give location) US Army Hospital	
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital		e. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital	

3. NAME OF DECEASED (Type or Print) a. (First) Ronald b. (Middle) Dean c. (Last) Ozbun			4. DATE OF DEATH January 10, 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH January 4, 1956		9. AGE (In years last birthday) 6		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N/A			10b. KIND OF BUSINESS OR INDUSTRY N/A		
11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Orville R. Ozbun		13b. MOTHER'S MAIDEN NAME Shuko Ozawa		14. NAME OF HUSBAND OR WIFE N/A	
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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. N/A		INFORMANT'S SIGNATURE OR NAME AND ADDRESS W. S. Milligan, Major, MSC, Ft. Leonard Wood, Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, adrenal, bilateral			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			7710
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked edema and congestion of all internal organs. Premature separation of placenta.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 January 4, 1956, to January 10, 1956, that I last saw the deceased alive on January 10, 1956, and that death occurred at 6:45a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Anthony J. Relego, Captain, MC		23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		23c. DATE SIGNED 10 Jan 56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan 10 56		24c. NAME OF CEMETERY OR CREMATORY ARKANSAS CITY ARKANSAS CITY		24d. LOCATION (City, town, or county) (State) Arkansas City MO	
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DATE REC'D BY LOCAL REG. 1-10-56		REGISTRAR'S SIGNATURE Carla Ann Anderson		458 E. FUNERAL DIRECTOR'S SIGNATURE Billy R. Cobles		ADDRESS WEDGEMAN FUNERAL HOMES INC WAYNESVILLE MO	
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(Licensed Embalmer's Statement on Reverse Side)

Date Filed 1-14-56
File Number
County Health Office
RECEIVED 1-10-56

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
Student Embalmer

Signed *Clarence Moss*

Licensed Embalmer No. *4896*

P. O. Address *Waynesville, N.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.