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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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FILED SEP 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27909
STATE FILE NUMBER

62128-56 Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 123

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fort Leonard Wood — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: US Army Hospital — Length of stay in 1b: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Phelps
c. CITY OR TOWN: Fort Leonard Wood 0850 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): US Army Hospital — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Linda Middle: Diane Last: Ortiz

4. DATE OF DEATH Month Day Year: September 6, 1956

5. SEX: Female

6. COLOR OR RACE: Cau

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: September 3,1956

9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days: 4 — IF UNDER 24 HRS.: 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 (City and state or country): Fort Leonard Wood, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Antonio Alamo Ortiz

14. MOTHER'S MAIDEN NAME: Joann Marie Butcher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: N/A

17. INFORMANT: Robert T. Burbeck — Address: US Army Hospital
Robert T.Burbeck,CWO,USA,Ft.Leonard Wood,Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Erythroblastosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Prematurity
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 7705

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 a. m. p. m. Month, Day, Year
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 COUNTY STATE

21. I attended the deceased from September 3,1956 to September 6 and last saw her alive on September 6
Death occurred at 12:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. F. Burrows Maj. MC
22b. ADDRESS: US Army Hospital, Fort Leonard Wood, Missouri
22c. DATE SIGNED: 6 Sep 56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept 8 56
23c. NAME OF CEMETERY OR CREMATORY: Crecker Memorial
23d. LOCATION (City, town, or county) (State): Crecker Missouri

24. FUNERAL DIRECTOR: Billy G. Hedges
ADDRESS: Hedges Funeral Homes Inc Crecker Mo
25. DATE RECD. BY LOCAL REG.: 9-6-56
26. REGISTRAR'S SIGNATURE: Paula Jane Anderson

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-8-56
Pulaski County Health Officer
File Number 123
Date Filed 9-6-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Frost

Licensed Embalmer No. [illegible]

P. O. Address Waynesville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.