

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 16 1956

State File No. **27913**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5985** Registrar's No. **101**

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

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Ohio</b> b. COUNTY <b>Crawford</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fort Leonard Wood</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Crestline</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Post Road to Range 61</b>		f. STREET ADDRESS (If rural, give location) <b>124 North Thoman Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>	b. (Middle) <b>Lewis</b>	c. (Last) <b>Testament</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 6, 1956</b>
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5. SEX <input type="radio"/> Male <input type="radio"/> Female	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>November 26, 1937</b>	9. AGE (In years last birthday) <b>18</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Soldier</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>US Army</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Coalfield, Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Claude Testament</b>	13b. MOTHER'S MAIDEN NAME <b>Frankie Lee (Unknown)</b>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>Sept 14, 1956 to date Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>O.E. MILLIGAN, Lt Col, MSC, Fort Leonard Wood, Mo</b>
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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.	18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Edema, pulmonary, acute</b>		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS. <b>Burn, chemical, diffuse due to gasoline contact</b>		
	MEDICAL CERTIFICATION ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Asphyxia incurred by excessive inhalation of gasoline fumes.</b> DUE TO (c) _____		

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 (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Post Road</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Fort Leonard Wood, Pulaski, Missouri</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>August 6, 1956 10:00 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Truck Accident</b>

22. I hereby certify that I am a <sup>BAW</sup> ~~physician~~ <sup>ON</sup> ~~physician~~ the deceased ~~on~~ <sup>ON</sup> ~~at~~ **August 6, 1956**, and that death occurred at **10:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Clara R. Cannon</b>	23b. ADDRESS <b>Fort Leonard Wood, USAH</b>	DATE SIGNED <b>Aug 56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8-8-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Unknown</b>	24d. LOCATION (City, town, or county) (State) <b>Crestline Ohio</b>
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DATE REC'D BY LOCAL REG. <b>8-8-56</b>	REGISTRAR'S SIGNATURE <b>Clara R. Cannon</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedges Funeral Homes Inc</b>	ADDRESS <b>Brocker Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
8-11-56  
Pulaski County Health Officer  
101  
File Number  
Date Filed 8-8-56

**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.....  
Signature of Student Embalmer

Signed *Carrie Moore*  
Licensed Embalmer No. *4896*  
P. O. Address *Wagnerville*

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.