

STANDARD CERTIFICATE OF DEATH

27915

FILED SEP 6 1956

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fort Leonard Wood,</u>		c. CITY OR TOWN <u>Dayton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>US Army Hospital</u>		d. STREET ADDRESS <u>Route 1</u>	

3. NAME OF DECEASED (Type or print) First <u>Archie</u> Middle <u>Lester</u> Last <u>Vancil</u>			4. DATE OF DEATH Month <u>August</u> Day <u>23</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>24 August 1913</u>	9. AGE (In years last birthday) <u>42</u>	
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>US Army</u>	11. BIRTHPLACE (City and state or country) <u>Otho, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Martin Emeroy Vancil (Deceased)</u>			14. MOTHER'S MAIDEN NAME <u>Anna Florence (Unknown)</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes-Prev. 12 yrs, 4 mos</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. SIGNATURE <u>B. Milligan, Lt Col, MSC, Ft. Leonard Wood, Mo</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u>		
DUE TO (c) <u>Arteriosclerotic heart disease</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>10:15</u> Month, Day, Year <u>Aug 23, 1956</u> a. m. <u>A.</u> p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Fort Leonard Wood, Missouri</u>	20g. COUNTY <u>Webster</u> STATE <u>Iowa</u>
21. I attended the deceased <u>on</u> <u>August 23, 1956</u> and last saw <u>him</u> alive on <u>23 August 56</u> Death occurred at <u>10:15 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>James B. White, ext. MC</u>	22b. ADDRESS <u>US Army Hospital</u> <u>Fort Leonard Wood, Missouri</u>	22c. DATE SIGNED <u>23 Aug 56</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Aug 24-1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dayton Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Dayton Iowa</u>
24. FUNERAL DIRECTOR <u>Hedges Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>8-24-56</u>	26. REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>

300
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

F58

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Pulaski County Health Officer
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Date Filed 8-24-56

1956
AUG 8 1956
AUG 25 1956

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 Jones*

Licensed Embalmer No. 481

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.