S. No. 200
v. 10-48

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

FILED OCT 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35056

BIRTH NO. 72467-56 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 141

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Leonard Wood, Mo
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Army Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Wilberger
c. CITY OR TOWN: Vernon
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location): Box 1803

3. NAME OF DECEASED (Type or Print): a. (First) Sharon b. (Middle) Nan c. (Last) Defoor
4. DATE OF DEATH: (Month) Oct (Day) 7 (Year) 56
5. SEX: F
6. COLOR OR RACE: Cau
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 4 October 1956
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days 3; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Ft Leonard Wood, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Coyle R Defoor
13b. MOTHER'S MAIDEN NAME: Theresa Thompson
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: Coyle R Dufoor ADDRESS

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid hemorrhage — 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) Laceration, great vein of galen, left
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 7600
20. AUTOPSY? YES ☐ NO ☐
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James B. White, Capt, MC
23b. ADDRESS: US Army Hospital, Fort Leonard Wood, Mo.
23c. DATE SIGNED: 10-9-56
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-9-56
24c. NAME OF CEMETERY OR CREMATORY: Crocker Memorial
24d. LOCATION (City, town, or county) (State): Crocker Missouri
DATE REC'D BY LOCAL REG.: 10-9-56
REGISTRAR'S SIGNATURE: Eula Mae Anderson
25. FUNERAL DIRECTOR'S SIGNATURE: Walter P. Hedges ADDRESS: HEDGES FUNERAL HOMES INC CROCKER MO

(Licensed Embalmer's Statement on Reverse Side)

458
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RECEIVED 10-13-56
Pulaski County Health Officer
File Number 141
Date Filed 10-9-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Shoos

Licensed Embalmer No. 488

P. O. Address Waynesville

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