

FILED OCT 17 1956

STANDARD CERTIFICATE OF DEATH

State File No.

35067

BIRTH NO.

REG. DIST. NO. 290

PRIMARY REG. DIST. NO. 5985 Registrar's No. 143

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Pulaski | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Harrison | |
| b. CITY (If outside corporate limits, write RURAL and give township) TOWN Ft Leonard Wood | | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN Long View d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Bivouac Area | | e. STREET ADDRESS (If rural, give location) 709 N. Green St. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Tracy b. (Middle) D. c. (Last) Sirls | | 4. DATE OF DEATH (Month) (Day) (Year) Oct 12 1956 | |
| 5. SEX Male | 6. COLOR OR RACE Negroid | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) never married | 8. DATE OF BIRTH 24 Nov 36 |
| 9. AGE (In years last birthday) 19 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Shiner | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Long View, Texas |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME (Deceased) Jessie Sirls | |
| 13b. MOTHER'S MAIDEN NAME Annie (unknown) | | 14. NAME OF HUSBAND OR WIFE - | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes 7 Feb 56 to Date | | 16. SOCIAL SECURITY NO. - | |
| 17. INFORMANT'S SIGNATURE OR NAME <i>Glenn C. Russell</i> | | ADDRESS | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANOXIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DROWNING 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 9298 42 | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) BIVOUAC AREA | |
| 21c. (CITY, TOWN, OR TOWNSHIP) Ft Leonard Wood | | (COUNTY) (STATE) Pulaski Mo. | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 12 1956 | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? Training accident | | | |
| 22. I hereby certify that I was ^{was} the deceased on ^{on} Oct 12 , 19 56 , to the cause of death ^{the cause of death} 7:00 Pm. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>W. J. Grant Capt. H.C.</i> | | 23b. ADDRESS US Army Hospital Ft Leonard Wood, Mo. | |
| 23c. DATE SIGNED 12 Oct 56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 10-14-56 | |
| 24c. NAME OF CEMETERY OR CREMATORY Longview | | 24d. LOCATION (City, town, or county) (State) Longview TEXAS | |
| DATE REC'D BY LOCAL REG. 10-13-56 | | REGISTRAR'S SIGNATURE <i>Glenn C. Russell</i> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <i>Hedges Funeral Home Inc</i> | | ADDRESS Rockers MO | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-13-56
Pulaski County Health Officer
143
File Number
Date Filed 10-13-56

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 *Clarence E. Moss*

Licensed Embalmer No. 489

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.