

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42459

State File No. ....

FILED DEC 21 1956

BIRTH NO. 72535-56 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Pulaski</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Pulaski</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Leonard Wood, Mo</u>		c. LENGTH OF STAY (In this place) <u>57 days</u>		c. CITY OR TOWN <u>Waynesville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U S Army Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Spring Street</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Loranne</u>	b. (Middle) <u>Rosalie</u>	c. (Last) <u>Roman</u>	(Month) <u>Dec</u>	(Day) <u>8</u>	(Year) <u>56</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cau</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>13 Oct 56</u>	9. AGE (In years last birthday)	# UNDER 1 YEAR Months <u>1</u>	YEAR Days <u>27</u>	# UNDER 1 HRS. Hours <u></u>	MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Leonard Wood, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Roman</u>	13b. MOTHER'S MAIDEN NAME <u>Arline Buza</u>	14. NAME OF HUSBAND OR WIFE <u>John Roman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Roman</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Immaturity</u> DUE TO (c) <u></u>		
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from October 13, 1956, to December 8, 1956, that I last saw the deceased alive on December 8, 1956 and that death occurred at 1030 m., from the causes and on the date stated above.

23a. SIGNATURE <u>William R. Ditt</u>	(Degree or title) <u>Capl MC</u>	23b. ADDRESS <u>US Army Hospital Ft Leonard Wood</u>	23c. DATE SIGNED <u>8 Dec 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-10-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>U S Army Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ft Leonard Wood Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-10-56</u>	REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Billy Hedger</u>	ADDRESS <u>Hedges Funeral Homes Inc Waynesville</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

458

Mo

RECEIVED 12-15-56  
Pulaski County Health Officer  
169  
File Number  
Date Filed 12-10-56

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.....  
*Clara Moss*

Licensed Embalmer No. *4898*

P. O. Address *Waynesville*

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.