

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9683

STATE FILE NUMBER

FILED MAR 27 1957

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft Leonard Wood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ft Leonard Wood <u>0850</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trlr Site M-18		Length of stay in lb -	d. STREET ADDRESS (If outside, give location) Trailer Site M-18 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) MARY LOUISE WATT			4. DATE OF DEATH March 9 1957		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12 May 1928	9. AGE (In years last birthday) 28	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) East St Louis, Illinois		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Eugene Comfort			14. MOTHER'S MAIDEN NAME Mary Lee Armsted (Deceased)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 339-22-9922	17. INFORMANT Fredrick O. Wank Address USAH FLW Capt MC		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ELECTRIC SHOCK		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9140		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Deceased was holding guy wire of TV antenna when it struck	
20c. TIME OF INJURY 1700 Hour Month, Day, Year p. m. Mar 9 1957	7200 Volt line, was electrocuted.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Lieber Heights Ft Leonard Wood <u>085</u> COUNTY Pulaski STATE Missouri
21. I, RAY , the deceased's son , 9 Mar 1957 <input checked="" type="checkbox"/> Death occurred at 5:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE Richard C. Brown (Degree or title) Capt MC	22b. ADDRESS USAH Fort Leonard Wood	22c. DATE SIGNED 10 Mar 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/15/57	23c. NAME OF CEMETERY OR CREMATORY Washington Cemetery
23d. LOCATION (City, town, or other) (State) East St. Louis, Missouri		25. DATE RECD. BY LOCAL REG. 3-15-57
24. FUNERAL HOME OR ADDRESS Hedges Funeral Home, Waynesville, Mo		26. REGISTRAR'S SIGNATURE Paul Mae Anderson

securing the medical certification in the specific manner required by 193.140 MO RS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No 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

Date Filed 3-15-57

File Number 30

Pulaski County Health Officer

RECEIVED X 3-16-57

MAR 27 1957

MAY 1 1958

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 _____ Signed *Clarence Dross*
Signature of Student Embalmer

Licensed Embalmer No. 4896

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.