

FILED OCT 9 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33006

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 124

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, write RURAL and give township) OR TOWN Fort Leonard Wood		c. LENGTH OF STAY (in this place) 30 min	
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital		e. STREET ADDRESS (If rural, give location) US Army Hospital	

3. NAME OF DECEASED (Type or Print)	a. (First) MAX	b. (Middle) -	c. (Last) DELACRUZ	4. DATE OF DEATH (Month) (Day) (Year) October 3 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 3 October 1957	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 30
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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, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Vic Delacruz	13b. MOTHER'S MAIDEN NAME Lolita Chavez	14. NAME OF HUSBAND OR WIFE - - -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. - - -	17. INFORMANT'S SIGNATURE OR NAME X <i>Mel...</i>	ADDRESS Ft Leonard Wood, Mo
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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, asthenia, 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>Intrauterine pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mother has influenza, Temp 104°</u> 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	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) m.	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 3 October, 1957, to 3 October, 1957, that I last saw the deceased alive on 3 Oct, 19 57, and that death occurred at 3:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <i>Jerome H. Jones</i>	(Degree of title) <i>Capt. Md.</i>	23b. ADDRESS <i>U.S.M. Ft L. Wood</i>	23c. DATE SIGNED <i>3 Oct. 57</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-7-57	24c. NAME OF CEMETERY OR CREMATORY Ft. Leonard Wood Cemetery	24d. LOCATION (City, town, or county) (State) Ft. Wood Missouri
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DATE REC'D BY LOCAL REG. 10-5-57	REGISTRAR'S SIGNATURE <i>Goula...</i>	25. GENERAL DIRECTOR'S SIGNATURE <i>Billy...</i>	ADDRESS <i>Hodge...</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

58

RECEIVED 10-5-57  
Pulaski County Health Officer  
124  
File Number  
Date Filed 10-5-57

**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 Thross*

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.