

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10826-58

2377

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 13

300  
-57

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1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fort Leonard Wood</b>		c. CITY OR TOWN <b>Fort Leonard Wood</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>US Army Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>US Army Hospital</b>	

3. NAME OF DECEASED (Type or print) First <b>BARBARA</b> Middle <b>ANN</b> Last <b>NEWBERRY</b>			4. DATE OF DEATH Month <b>January</b> Day <b>19</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>17 Jan 58</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <b>2</b> Days <b>2</b> IF UNDER 24 HRS. Hours <b>1</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>---</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	11. BIRTHPLACE (City and state or country) <b>Ft Leonard Wood, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Truman L Newberry</b>		13b. MOTHER'S MAIDEN NAME <b>Shirley Caveness</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT Address <b>US Army Hospital</b> <b>R J LaLuzerne, 2d Lt, MSC Ft Leonard Wood, Mo</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hyaline membrane disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7735</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Immaturity</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)			19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>

20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	

21. I attended the deceased from 17 January 1958 to 19 January 1958 and last saw her alive on 19 January 1958  
Death occurred at 11:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>James Bullitt, Capt, MC</i> (Degree or title)		22b. ADDRESS <b>US Army Hospital Fort Leonard Wood, Missouri</b>		22c. DATE SIGNED <b>20 Jan 58</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>1-21-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Unknown</b>		23d. LOCATION (City, town, or county) (State) <b>Raleigh North Carolina</b>	
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24. FUNERAL DIRECTOR <b>Hedges Funeral Homes Inc Crocker MO 1-21-58</b>		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <i>Paula Grace Anderson</i>	
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8561 OCT 7 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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *Clarence Moss* \_\_\_\_\_

Licensed Embalmer No. *4896*  
P. O. Address *Highsville, Va*

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.