

FILED FEB 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006797
STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Virginia b. COUNTY Elizabeth City	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood		c. CITY OR TOWN Phoebus	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS 448 Snow Street	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle FRANKLIN Last SCIPIO JR		4. DATE OF DEATH Month January Day 28 Year 1958	
5. SEX Male	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 9 June 1920
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and state or country) Phoebus, Virginia
13a. FATHER'S NAME William F Scipio, Sr		13b. MOTHER'S MAIDEN NAME Salley (unknown)	14. NAME OF HUSBAND OR WIFE Maudie Scipio
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, never unknown) Yes 1942 to present		16. SOCIAL SECURITY NO. 225-16-6021	17. INFORMANT B S WYSOCKI, Maj MSC Ft Leonard Wood, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple lung abscesses and pulmonary edema DUE TO (b) Malignant hypertension DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Post operative thoraco-lumbar sympathectomy			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Dec 19 to 28 Jan 1958 and last saw ^{him} alive on 28 Jan 1958 Death occurred at 10:37 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Jane B White, Capt, MC</i>		22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	
22c. DATE SIGNED 28 Jan 58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-30-58	23c. NAME OF CEMETERY OR CREMATORY Hampton National Cemetery	23d. LOCATION (City, town, or county) (State) Hampton Virginia
24. FUNERAL DIRECTOR HEDGES FUNERAL HOMES INC CROCKER		25. DATE RECD. BY LOCAL REG. MC 1-30-58	26. REGISTRAR'S SIGNATURE <i>Paula Anne Anderson</i>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

