

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022885  
STATE FILE NUMBER

49177  
JUL 10 1958 Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 112

300  
1-57  
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Fort Leonard Wood</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>US Army Hospital</b>		Length of stay in lb -	d. STREET ADDRESS (If outside, give location) <b>US Army Hospital</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>IVA</b> Middle <b>LEVETT</b> Last <b>EWING.</b>			4. DATE OF DEATH Month <b>July</b> Day <b>4</b> Year <b>1958</b>		
5. SEX <b>Female 3</b>	6. COLOR OR RACE <b>Negro</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>3 July 1958</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months <b>1</b> Days <b>30</b> IF UNDER 24 HRS. Hours <b>1</b> Min. <b>30</b>
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 country) <b>Ft Leonard Wood, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Leroy Ewing</b>		13b. MOTHER'S MAIDEN NAME <b>Francis Rogers</b>		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. ---		17. INFORMANT Address <b>US Army Hospital</b> <b>Stanley M Farber, 1st Lt MSC Ft LW, 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>Respiratory failure</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Prematurity</b>					
DUE TO (c) <b>7735</b>					
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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. _____					
20d. INJURY OCCURRED WHILE AT <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 <b>3 July 1958</b> to <b>4 July 1958</b> and last saw <sup>her</sup> him alive on <b>4 July 1958</b> Death occurred at <b>0030</b> A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Oliver Abel</i> (Degree or title) <b>M.D.</b>			22b. ADDRESS <b>US Army Hospital</b> <b>Fort Leonard Wood, Missouri</b>		22c. DATE SIGNED <b>5 July 58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 8 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ft Wood Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Ft Leonard Wood Missouri</b>
24. FUNERAL DIRECTOR <i>Hedges</i> <b>HEDGES FUNERAL HOMES INC CROCKER MO</b>		ADDRESS <b>7-5-58</b>		25. DATE RECD. BY LOCAL REG. <b>7-5-58</b> 26. REGISTRAR'S SIGNATURE <i>Paula Mae Anderson</i>	

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 Gross* .....

Licensed Embalmer No. *4896* .....

P. O. Address... *Waynesville, N.C.* .....

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.