

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037403

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 157

FILED OCT 24 1958

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood		c. CITY OR TOWN Houston	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital		d. STREET ADDRESS Gen Del (If outside, give location)	
3. NAME OF DECEASED (Type or print) First SHIRLEY Middle JANE Last DEVALL		4. DATE OF DEATH Month October Day 7 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2 Nov 1955
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ----		10b. KIND OF BUSINESS OR INDUSTRY ----	9. AGE (In years last birthday) 2
11. BIRTHPLACE (City and state or country) Camp Beale, California		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Lavearle C Devall		14. MOTHER'S MAIDEN NAME Barbara Mary Westbrook	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Lavearle C Devall - Houston, Missouri	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure		INTERVAL BETWEEN ONSET AND DEATH 1979
DUE TO (b) Liposarcoma, recurrent		
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? 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 _____ Month, Day, Year _____ a. m. _____ p. m. _____		
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 27 Sep 1958 to 7 Oct 1958 and last saw her ^{her} _{him} alive on 7 Oct 1958	
Death occurred at 5:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE H BARUCH (Degree or title) Capt MC	22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri
22c. DATE SIGNED 8 Oct 58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-10-58	23c. NAME OF CEMETERY OR CREMATORY Pine Lawn	23d. LOCATION (City, town, or county) (State) Houston Missouri
24. FUNERAL DIRECTOR Raymond F. Duff-Houston, Mo	25. DATE RECD. BY LOCAL REG. 10-17-58	26. REGISTRAR'S SIGNATURE Carl S. Anderson	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare
Public Service
300
1-56
All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Frank E. Wood*

Licensed Embalmer No. *40*

P. O. Address *Wood*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.