

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037413

STATE FILE NUMBER

715-54
FILED OCT 16 1958 Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 151

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, give TOWNSHIP only) OR TOWN Fort Leonard Wood		c. CITY OR TOWN 085 Ft Leonard Wood	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION U.S. Army Hospital		d. STREET ADDRESS (If outside, give location) US Army Hospital	
3. NAME OF DECEASED (Type or print) First John Middle Allen Last Shields		4. DATE OF DEATH Month October Day 3 Year 1958	
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 3, 1958
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) Ft Leonard Wood, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Richard L Shields		14. MOTHER'S MAIDEN NAME Sally Hendrickson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	
17. INFORMANT Richard L Shields Ft Wood Mo.		Address	
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
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hyaline membrane disease			7730
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 ---			
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 3 Oct 58 to 3 Oct 58 and last saw ^{him} alive on 3 Oct 58 Death occurred at 6:05 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) 0		22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	
22c. DATE SIGNED 4 Oct 58			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
Burial		10-7-58	Ft Wood Cemetery
23d. LOCATION (City, town, or county)		(State)	
Ft Leonard Wood Mo			
24. FUNERAL DIRECTOR'S ADDRESS HEDGES FUNERAL HOMES INC CROCKER MO		25. DATE RECD. BY LOCAL REG. 10-7-58	26. REGISTRAR'S SIGNATURE Una Mae Anderson

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 *C. J. Moss*
Licensed Embalmer No. 489

P. O. Address *Weyersville*

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.