

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037417
STATE FILE NUMBER

FILED OCT 30 1958 Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 162

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) Inside Limits OR Fort Leonard Wood Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Waynesville Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION US Army Hospital --		d. STREET ADDRESS (If outside, give location) Reside on Farm Hull Apts Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First DENNIS Middle MICHAEL Last WILSON			4. DATE OF DEATH Month October Day 22 Year 1958			
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5. SEX Male	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 26 Aug 1958	9. AGE (In years last birthday) IF UNDER 1 YEAR: Month 1 Day 26 IF UNDER 24 HRS: Hours Min. 	
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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
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13. FATHER'S NAME Hubert H Wilson	14. MOTHER'S MAIDEN NAME Sarah E Hilliard
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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 Hubert H Wilson Address Waynesville, Mo
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Lymphatism		
DUE TO (c) 273X		
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 8:45 Month Oct Day 22 Year 58 a. m. AM p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) US Army Hospital	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Fort Leonard Wood, Missouri	COUNTY Pulaski STATE Missouri

21. I attended the deceased from **8:45 AM** on **22 Oct 58**
Death occurred at **6:20 AM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. Baruch (Degree or title) H. BARUCH Capt MC	22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	22c. DATE SIGNED 22 Oct 58
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23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-24-58	23c. NAME OF CEMETERY OR CREMATORY Ft. Wood Cemetery	23d. LOCATION (City, town, or county) (State) Ft Leonard Wood Missouri
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24. FUNERAL DIRECTOR Hedges HEDGES FUNERAL HOMES INC CROCKER MO	25. DATE RECD. BY LOCAL REG. 10-23-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

300 1-56
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 58 0
 Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally 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 *Clarence Gross*
Licensed Embalmer No. *489*

P. O. Address *Waymerville*

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.