

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037418
STATE FILE NUMBER

7-935-30
FILED OCT 24 1958 Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 153

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Fort Leonard Wood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital			Length of stay in 1b --	d. STREET ADDRESS (If outside, give location) US Army Hospital			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOANA Middle MARIE Last WINDEDAHL				4. DATE OF DEATH Month October Day 11 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 11 Oct 58		9. AGE (In years last birthday) Months 2 Days 55	IF UNDER 1 YEAR IF UNDER 24 HRS.
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 0		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Verlin F Windedahl				14. MOTHER'S MAIDEN NAME Arlene Schnable			
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 Verlin F Windedahl		Address Houston, 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) 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) Prematurity		DUE TO (c) _____			7735
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 11 Oct 58 to 11 Oct 58 and last saw her ^{her} him alive on 11 Oct 58 Death occurred at 3:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. Baruch H. BARUCE (Degree or title) Capt MC				22b. ADDRESS US Army Hospital Ft Leonard Wood, Missouri		22c. DATE SIGNED 13 Oct 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/11/58	23c. NAME OF CEMETERY OR CREMATORY Ft. Wood Cemetery		23d. LOCATION (City, town, or county) (State) Ft Leonard Wood, Missouri			
24. FUNERAL DIRECTOR W. C. Craig 14th Grove, Mo.			25. DATE RECD. BY LOCAL REG. 10-13-58		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

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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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

450

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 *Lewell C. Craig*.....

Licensed Embalmer No. *470*

P. O. Address *Mtn View*

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.