

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045194

STATE FILE NUMBER

FILED JAN 9 1959 Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft Leonard Wood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Newton 8140		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 lb 1 dy.	d. STREET ADDRESS (If outside, give location) 1020 No. 4th Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First: GALEN Middle: LEE Last: DODD			4. DATE OF DEATH Month: Dec Day: 16 Year: 1958		
5. SEX M	6. COLOR OR RACE CAU	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 12, 1935		9. AGE (In years last birthday) 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and state or country) Colfax, Iowa		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Deceased		13b. MOTHER'S MAIDEN NAME Violet Phillips		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) Yes May 53 to present		16. SOCIAL SECURITY NO. 485-34-0568	17. INFORMANT Violet Dodd Address: Newton, Iowa		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Arrest</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Laceration of brain</u>					1 Day
DUE TO (c) <u>Skull fracture</u>					
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 checked="" 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.) Automobile accident			
20c. TIME OF INJURY 1140 p.m. Dec 15, 58					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	20f. CITY, TOWN, OR LOCATION 2 mi. W. Rolla, Mo., Hwy. 66		
21. I attended the deceased from Dec 15, 1958 to Dec 16, 1958 and last saw him alive on Dec 16, 1958 Death occurred at 1108 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Hans H. Baruch</u> (Degree or title) HANS H. BARUCH Capt, MC			22b. ADDRESS US Army Hospital Ft. Leonard Wood, Missouri		22c. DATE SIGNED Dec 17, 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec 16, 1958	23c. NAME OF CEMETERY OR CREMATORY Baxter Cemetery		23d. LOCATION (City, town, or county) (State) Baxter, Iowa	
24. FUNERAL DIRECTOR HELGES FUNERAL HOMES		ADDRESS CROCKER MO 12-19-58	25. DATE RECD. BY LOCAL REG. 12-19-58		26. REGISTRAR'S SIGNATURE <u>Gula Hazel Anderson</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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, Mo.* .....

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.