

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018735
STATE FILE NUMBER

FILED JUN 10 1959

Registration District No. 290 Primary Registration District No. Registrar's No. 65

300
1-57

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) 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) 3 HOSPITAL OR INSTITUTION Near MacKenzie Drive		Length of stay in lb -		d. STREET ADDRESS (If outside, give location) 085^c 13 MacKenzie Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Jerry Middle Carl Last Green				4. DATE OF DEATH Month May Day 23 Year 1959				
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 25 Oct 1954		9. AGE (In years last birthday) 4	IF UNDER 1 YEAR Months 9 Days 42	IF UNDER 24 HRS. Hours 92 Min. 98
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) Unknown		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Carl E Green			13b. MOTHER'S MAIDEN NAME Unknown			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) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT Address: 13 MacKenzie Dr Lt Col Carl E Green Ft Leonard Wood, 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) Asphyxiation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Drowning DUE TO (c) 92.98						INTERVAL BETWEEN ONSET AND DEATH		
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.) By drowning.					
20c. TIME OF INJURY 1:50 p.m. May 23 59			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Test Hole					
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.) Test Hole		20f. CITY, TOWN, OR LOCATION Ft Leonard Wood		20g. COUNTY STATE Pulaski Missouri		
21. I observed ^{saw} the deceased on ^{on} 23 May 59 at 1:50 P m on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Dress or title) HANS H. BARUCH Capt MC					
22a. SIGNATURE (Dress or title) HANS H. BARUCH Capt MC			22b. ADDRESS Ft Leonard Wood, Missouri			22c. DATE SIGNED 25 May 59		
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) BURIAL		23b. DATE May 27 1959	23c. NAME OF CEMETERY OR CREMATORY Post Cemetery		23d. LOCATION (City, town, or county) (State) Fort Leonard Wood, Mo			
24. FUNERAL DIRECTOR Hedges Funeral Homes Inc		25. DATE REC'D. BY LOCAL REG. 5-27-59	26. REGISTRAR'S SIGNATURE <i>Paula Ann Anderson</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Stross*

Licensed Embalmer No. *4896*
P. O. Address *Waynesville,*

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.