

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033371

FILED VS SEP 22 1959

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 109

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Tennessee COUNTY Unica			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood, Mo.		Length of stay in 1b		c. CITY OR TOWN Erwin		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR US Army Hospital INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 1 Box 702			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ODELL Middle CHARLES Last PHILLIPS				4. DATE OF DEATH Month September Day 4 Year 1959			
5. SEX Male	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 Dec 10, 37	9. AGE (last birthday) 21	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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) Emberville, Tenn.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Walter Phillips			13b. MOTHER'S MAIDEN NAME China Quinn			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 3 yrs 6 mo			16. SOCIAL SECURITY NO. 412-60-3827		17. INFORMANT Walter Phillips Erwin, Tenn. Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Respiratory arrest							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Contusion, multiple, brain						3 dys	
DUE TO (c) Automobile accident							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Hour 8 PM Month, Day, Year Sept 7, 59 a.m. _____ p.m. _____							
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 COUNTY STATE 3/4 mi W of Junction 5440 Callaway Co, Mo.			
21. I attended the deceased from Sept 3, 59 to Sept 4, 1959 and last saw ^{him} alive on Sept 4, 1959 Death occurred at 11:40 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Hans H. Bouch</i> (Degree or title) HANS H. BOUCH M.D.				22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri			22c. DATE SIGNED Sept 5, 59
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 9-11-59	23c. NAME OF CEMETERY OR CREMATORY Roselawn Memory Gardens, Johnson City, Tenn		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR <i>T. J. Shadel</i> ADDRESS T. J. Shadel, Lebanon, Mo.			25. DATE RECD. BY LOCAL REG. 9-10-59		26. REGISTRAR'S SIGNATURE <i>Charles Anderson</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

3861 6 T 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Warren C. Simpson

Licensed Embalmer No. 5071
P. O. Address Box 43

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.