JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 25 1960

-60-020439

STATE FILE NUMBER

NDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft Leonard Wood, Mo — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) US Army Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Ft Leonard Wood — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 46 Pulaski Ave — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Dorothy Middle Jean Last Roach
4. DATE OF DEATH Month May Day 7 Year 60
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 18 Dec 57
9. AGE (last birthday) 2 — 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) ---
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (City and state or country) Ft Carson, Colorado
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John U. Roach
13b. MOTHER'S MAIDEN NAME Loretta L. Vardell
14. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. X
17. INFORMANT Address Major Robert L Rippee, Ft Leonard Wood, Mo

MEDICAL CERTIFICATION

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 Insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Aplastic, bone marrow (anemia, granulocy tepenia)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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~~ saw the deceased ~~from~~ on 9 May 1960, to ~~and last saw her/him alive on~~
Death occurred at 11:16 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hans H Baruch HANS H. BARUCH Capt. MC
22b. ADDRESS Ft Leonard Wood, Mo
22c. DATE SIGNED 9 May 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-19-60
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Puxico
23d. LOCATION (City, town, or county) (State) Puxico Mo.

24. FUNERAL DIRECTOR Dale Sifford, ~~Address~~ Puxico, Mo.
25. DATE RECD. BY LOCAL REG. 5-9-60
26. REGISTRAR'S SIGNATURE Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by Not Embalmed, Student Embalmer No.

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm. H. Morgan

Licensed Embalmer No. 4660

P. O. Address Advance,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.