

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010166

STATE FILE NUMBER

FILED MAR 3 1961

Primary Registration District No.

Registrar's No.

27

1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE New York b. COUNTY Suffolk									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ft Leonard Wood		Length of stay in lb 1 Day		c. CITY OR TOWN Long Island		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			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1377 D st, Elmont		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Linda Middle Diane Last Wess				4. DATE OF DEATH Month March Day 10 Year 1961									
5. SEX Female		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 Sept 2, 1955		9. AGE (last birthday) 5		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) St Albans, New York		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME John Wess				13b. MOTHER'S MAIDEN NAME Patricia A. McDermott				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 John Wess, Address 203 Pulaski St Ft Leonard Wood, Missouri							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest DUE TO (b) Prolonged Convulsions DUE TO (c) Possible Varicella Encephalitis 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										INTERVAL BETWEEN ONSET AND DEATH			
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 s.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 xxx on 10 March 1961 at 1030 A.M. and last saw her xxx alive on March 10, 1961 . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE <i>Maurice Dewh</i> (Deputy or Notary) Capt M.C.						22b. ADDRESS US Army Hospital Ft Leonard Wood, Missouri				22c. DATE SIGNED 3/10/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/12/61		23c. NAME OF CEMETERY OR CREMATORY St Johns Cemetery		23d. LOCATION (City, town, or county) (State) Suffolk County New York							
24. FUNERAL DIRECTOR <i>Moss-Williams</i> Moss-Williams Funeral Homes ADDRESS Crocker Mo				25. DATE RECD. BY LOCAL REG. 3-10-61		26. REGISTRAR'S SIGNATURE <i>Clara Mae Anderson</i>							

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

VS MAR 20 1967

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 Barney Moore

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.