

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008038

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 34

FILED MAR 6 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Pulaski | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Fort Leonard Wood | | Length of stay in 1b | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in Hospital, give location) US Army Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS 840 New Jersey Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) MELVIN EUGENE CALVIN | | 4. DATE OF DEATH February 28 1963 | |
| 5. SEX Male | 6. COLOR OR RACE Negroid | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-27-44 |
| 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) Kansas City, Kansas |
| 13a. FATHER'S NAME Thomas Turner (Deceased) | | 13b. MOTHER'S MAIDEN NAME Cora Watson Turner (Deceased) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 220-162 to date | | 17. INFORMANT Oscar Calvin Address 635 Washington Blvd Kansas City, Kansas | |
| 18. CAUSE OF DEATH (Term only the cause per time for (a), (b), (c), (d), (e)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Penetrating wound, right ventricular heart DUE TO (b) Stab wound of pocket knife DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | 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 | |
| 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 type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Stab wound of heart in Bldg 1573 | |
| 20c. TIME OF INJURY 10:20 P.M. 2-28-63 | | 20f. CITY, TOWN, OR LOCATION Barracks Fort Leonard Wood Pulaski Missouri | |
| 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.) Fort Leonard Wood | |
| 21. I attended the deceased from 2-28-63 to 2-28-63 and last saw alive on never Death occurred at dead on arrival 10:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22. SIGNATURE (Degree or title) George C. Barber Capt MC | | 22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri | |
| 22c. DATE SIGNED 3-1-63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE Mar. 2, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Ft. Leavenworth Nat. Cem. Ft. Leavenworth Kansas | |
| 23d. LOCATION (City, town, or county) Lebanon, Mo. | | 25. REGISTERAR'S SIGNATURE Emilia Jean Anderson | |
| 24. GENERAL DIRECTOR Charles F. Tyler | | 25. DATE RECD. BY LOCAL REG. 3-1-63 | |

USE BLACK INK OR TYPEWRITER RIBBON

Licensed Embalmer's Statement on Reverse Side

STATE OF MISSISSIPPI

APR 12 1963

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 Charles F. Tyler

Licensed Embalmer No. 4534

P. O. Address _____

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.