

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29974

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 875

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Berryville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>115 Spring St.</u>	

3. NAME OF DECEASED (Type or Print) Dona
 a. (First) _____ b. (Middle) _____ c. (Last) Reine
 4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1950

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH Sept 12, 1871
 9. AGE (In years last birthday) 79 10. UNDER 1 YEAR Months _____ 11. UNDER 1 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (State or foreign country) Boone Co. Arkansas
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Fisher 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) _____
 16. SOCIAL SECURITY NO. _____
 17. INFORMANT'S SIGNATURE OR NAME Letha Lee Saughter ADDRESS Wilmington, Ohio

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hysteria
 ANTECEDENT CAUSES
 DUE TO (b) Nephrosclerosis, severe
 DUE TO (c) Arteriosclerosis, severe
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Fracture, comminuted, femur, left

INTERVAL BETWEEN ONSET AND DEATH 1 week
442X F

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION _____
 20. AUTOPSY YES NO

21a. ACCIDENT (Specify) None (#11 above) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Berryville Carroll Ark
 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 15 50 m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 21f. HOW DID INJURY OCCUR? Patient fell from porch

22. I hereby certify that I attended the deceased from Sept 16, 1950, to Oct 5, 1950, that I last saw the deceased alive on Oct 5, 1950, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William W. Wood M.D. 23b. ADDRESS 205 St. Louis St. 23c. DATE SIGNED 10/6/50

24a. BURIAL, CREMATION, REMOVAL (Specify) removed 24b. DATE 10-9-50 24c. NAME OF CEMETERY OR CREMATORY Denver Cemetery 24d. LOCATION (City, town, or county) (State) Denver Ark.

DATE REC'D BY LOCAL REG. 10-7-50 REGISTRAR'S SIGNATURE W E Handley M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Nelson Funeral Home Berryville Ark. ADDRESS _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

396
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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
Student Embalmer

Signed *Lloyd R. Waincath*

Licensed Embalmer No. *2857*

P. O. Address *Pennington, Arkansas*

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 this body is not embalmed, fact should be so stated above.