No. 300
10.48

FILED JUN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19797

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3014 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kennett Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ark
b. COUNTY: Green
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paragould Ark.
d. STREET ADDRESS (If rural, give location): 8030 8

3. NAME OF DECEASED (Type or Print)
a. (First): Ruby
b. (Middle):
c. (Last): Damron

4. DATE OF DEATH (Month) (Day) (Year): June 10 51

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: June 7-1951
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 3 / IF UNDER 24 HRS. 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 (State or foreign country): Paragould Ark
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Damron
13b. MOTHER'S MAIDEN NAME: Frances Williams
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Robert Damron
ADDRESS: Paragould Ark

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Child birth injury
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 6-8, 1951, to 6-10, 1951, that I last saw the deceased alive on 6-10, 1951, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): L. C. Wilson M.D.
23b. ADDRESS: Kennett Mo
23c. DATE SIGNED: 6-11-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 12-51
24c. NAME OF CEMETERY OR CREMATORY: Lerich
24d. LOCATION (City, town, or county) (State): Paragould Ark

DATE REC'D BY LOCAL REG.: 6-11-51
REGISTRAR'S SIGNATURE: Carl Hunkins
25. FUNERAL DIRECTOR'S SIGNATURE: A. Emerson
ADDRESS: Paragould Ark

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 6-14-51

COUNTY FILE NUMBER 651-163

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 Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed A J Emerson

Licensed Embalmer No. .....

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