

FILED AUG 8 1951

4491 State File No. 25877

BIRTH NO.		REG. DIST. NO. <u>333</u>	PRIMARY REG. DIST. NO. <u>4457</u>	Registrar's No. <u>118</u>
1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas		b. COUNTY Randolph
b. CITY (If outside corporate limits, write RURAL and give township) Charleston R#2 4431		c. CITY (If outside corporate limits, write RURAL and give township) Supply Community		8030
c. LENGTH OF STAY (In this place) 15 mo		d. STREET ADDRESS (If rural, give location) Star Route-Pocahuntas, Ark		
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence near Dockett		3. NAME OF DECEASED a. (First) Ganie		
b. (Middle) Jane		c. (Last) Samons		4. DATE OF DEATH (Month) (Day) (Year) June 29, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 14, 1877	9. AGE (In years last birthday) Months Days Hours Min. 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Supply, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Parker		13b. MOTHER'S MAIDEN NAME Nettie Crossen	14. NAME OF HUSBAND OR WIFE S. P. Samons (dec'd)	
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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Troy Samons, Charleston, Mo R#3	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatoid arthritis		2 yrs
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial degeneration		1 yr.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5810		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Dec 13, 1950 , to June 29, 1951 , that I last saw the deceased alive on June 29, 1951 , and that death occurred at 3:00 P.m. , from the causes and on the date stated above.				
23a. SIGNATURE T. P. Samons		23b. ADDRESS Wyatt, Mo		23c. DATE SIGNED 6/29/51
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE July 1, 1951	24c. NAME OF CEMETERY OR CREMATORY Cox Cemetery, Supply, Ark	24d. LOCATION (City, town, or county) (State) 6 mi West Success, Ark	
DATE REC'D BY LOCAL REG. July 26, 1951	REGISTRAR'S SIGNATURE Mrs. Ella Hunter	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Irby Funeral Service, Corning, Ark		

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

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RECEIVED JUL 30 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 751-165

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, [Signature]

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Richard C. Ement
Student Embalmer No.

Licensed Embalmer No. 782

P. O. Address Conning, Ark

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.