

STANDARD CERTIFICATE OF DEATH

State File No. ....

JUN 27 1952  
BIRTH NO. ... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5053

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Arkansas b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rogers 8037	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print) a. (First) LUCY b. (Middle) ELLEN c. (Last) DUTY			4. DATE OF DEATH (Month) (Day) (Year) 6 1 52		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH		9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Hours Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Beauty Parlor		11. BIRTHPLACE (City and State or Foreign Country) Rogers, Ark.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Wilford R. Daily		13b. MOTHER'S MAIDEN NAME Elizabeth Keith		14. NAME OF HUSBAND OR WIFE Charles	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William C. Daily, 5207 Kingwood Dr.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) STAPHYLOCOCCUS AUREUS SEPTICEMIA				INTERVAL BETWEEN ONSET AND DEATH 3 DAYS	
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PULMONARY TUBERCULOSIS FAR ADVANCED DUE TO (c)				3 MONTHS	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 002X	

22. I hereby certify that I attended the deceased from MARCH 30, 1952, to JUNE 1, 1952, that I last saw the deceased alive on JUNE 1, 1952, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE H. Bradley (Degree or title) M.D.		23b. ADDRESS		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 6-2-52		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Rogers, Ark.	
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DATE REC'D BY LOCAL REG. JUN 2 1952		REGISTRAR'S SIGNATURE J. Cash Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.