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FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3860

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0734**

**1. PLACE OF DEATH**  
a. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION **Peoples Hospital**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)  
a. STATE **Arkansas** b. COUNTY **Lawrence**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Hoxie**

d. STREET ADDRESS (If rural, give location) **8030 8**

**3. NAME OF DECEASED**  
(Type or Print)  
a. (First) **Mattie** b. (Middle) \_\_\_\_\_ c. (Last) **Turnage**

**4. DATE OF DEATH** (Month) (Day) (Year)  
**Jan. 19, 1953**

**5. SEX** **Female**

**6. COLOR OR RACE** **Negro**

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify)  
**Married**

**8. DATE OF BIRTH** **Dec. 19, 1900**

**9. AGE** (In years last birthday) **52**

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired)  
**Housewife**

**10b. KIND OF BUSINESS OR INDUSTRY** **At Home**

**11. BIRTHPLACE** (City and State or Foreign Country) **Clover Bed, Arkansas**

**12. CITIZEN OF WHAT COUNTRY?** **U.S.**

**13a. FATHER'S NAME** **Walker Ruffins**

**13b. MOTHER'S MAIDEN NAME** **Sally Manaker**

**14. NAME OF HUSBAND OR WIFE** **Arthur**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **No**

**16. SOCIAL SECURITY NO.** **Unknown**

**17. INFORMANT'S SIGNATURE OR NAME** **Arthur Turnage, Hoxie, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Cystadenoma Pancreas**

**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
**DUE TO (b)** \_\_\_\_\_  
**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**  
**6 mos**

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION**  
**Tumor Pancreas (cystadenoma) Biopsy**

**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)

**21e. INJURY OCCURRED** WHILE AT WORK  NOT WHILE AT WORK

**21f. HOW DID INJURY OCCUR?** **157X**

**22. I hereby certify that I attended the deceased from 1/16, 1953, to 1-19, 1953 that I last saw the deceased alive on 1/19, 1953, and that death occurred at 11:15 a.m., from the causes and on the date stated above.**

**23a. SIGNATURE** (Degree or title) **J. Earl Smith, M.D.**

**23b. ADDRESS** **822 N. Jefferson**

**23c. DATE SIGNED** **1/20/53**

**24a. BURIAL, CREMATION, REMOVAL** (Specify)  
**Removal**

**24b. DATE** **1-20-53**

**24c. NAME OF CEMETERY OR CREMATORY**

**24d. LOCATION** (City, town, or county) (State)  
**Walnut Ridge, Ark.**

**DATE REC'D BY LOCAL**  
**JAN 22 1953**

**REGISTRAR'S SIGNATURE**  
**J. Earl Smith, M.D.**

**25. FUNERAL DIRECTOR'S SIGNATURE** **Albert H. Hoppe**  
**ADDRESS** **4700 Washington Blvd**

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

APR 7 1959

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, ~~by~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Fred J. Kramer*

Licensed Embalmer No. *4788*

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.