

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

1003

318

Registrar's No. 5046

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

| | | | | | |
|---|--|--|--|----------------------------|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS | | c. LENGTH OF STAY (in this place) 2 days | | c. CITY OR TOWN Nimmons | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL #1 | | STREET ADDRESS (If rural, give location) 805 8 | | | |

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|-------------------------------------|-------------|---------------------|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) DAVE | b. (Middle) | c. (Last) SAMPLE | 6-8-55 | | |

| | | | | | | |
|----------------|---------------------------|--|------------------------------|---------------------------------------|--------------------------------|-------------------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED/ WIDOWED OR FORCED (Specify) married | 8. DATE OF BIRTH 1-3-1881 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months Days | IF UNDER 4 HRS. Hours Min. |
|----------------|---------------------------|--|------------------------------|---------------------------------------|--------------------------------|-------------------------------|

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|---|---|---|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | 10b. KIND OF BUSINESS OR INDUSTRY farm | 11. BIRTHPLACE (City and State or Foreign Country) Tennessee | 12. CITIZEN OF WHAT COUNTRY? USA |
|---|---|---|-------------------------------------|

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|-------------------------------|--------------------------------------|--|
| 13a. FATHER'S NAME unknown | 13b. MOTHER'S MAIDEN NAME unknown | 14. NAME OF HUSBAND OR WIFE Baron Zona Sample |
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| 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. none | 17. INFORMANT'S SIGNATURE OR NAME Buford Sample, Piggott, Ark. | ADDRESS |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) state the underlying cause last. | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition leading to death. | | | |

Ceritocitis, secondary to perforated gastric ulcer, congestive failure. Subdural hemorrhage, suffered in collision between car operated by Frank Johnson (col) on Express Hwy west of Piggott, Ark. and 1000 pm May 26 1955.

| | | |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION on Express Hwy west of Piggott, Ark. and 1000 pm May 26 1955. | 19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| | | |
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| 21a. ACCIDENT OR SUICIDE (Specify) accident | 21b. PLACE OF INJURY (e.g., laborator home, farm, factory, street, office bldg., etc.) Hwy | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo |
| 21d. TIME (Month) (Day) (Year) (Hour) May 26 55 10 00 | 21e. INJURY OCCURRED WHILE AT WORK? () NOT WHILE AT WORK () | 21f. HOW DID INJURY OCCUR? E8164 |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:50 A.M., from the causes and on the date stated above. 2 CP

| | | |
|---|----------------------------|-----------------------------|
| 23a. SIGNATURE (Degree or title) Patrick C. Taylor | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 6.10.55 |
|---|----------------------------|-----------------------------|

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|--|---------------------|------------------------------------|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE 6-9-55 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Piggott, Ark. |
|--|---------------------|------------------------------------|--|

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|---|--|--|---------|
| DATE REC'D BY LOCAL REG. JUN 10 1955 | REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Russell, Piggott, Arkansas | ADDRESS |
|---|--|--|---------|

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.....
Signature of Student Embalmer

Signed *Will C. Branson*

Licensed Embalmer No. *426*

P. O. Address *S. L.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.