

No. 300
10. 48

FILED FEB 15 1956

STANDARD CERTIFICATE OF DEATH

State File No. **1960**

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4308** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ark. b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give town) Noel		c. LENGTH OF STAY (in this place) 9 hrs.	c. CITY OR TOWN Gravette
d. FULL NAME OF HOSPITAL OR INSTITUTION Fountain Clinic		f. STREET ADDRESS (If rural, give location) Rt. 2	

3. NAME OF DECEASED (Type or Print) a. (First) Byron b. (Middle) Ellis c. (Last) Tucker		4. DATE OF DEATH (Month) (Day) (Year) 2-2-56	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 5th 1898
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months 7 Days 27	IF UNDER 24 HRS. Hours Min.
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) Gravette, Ark. Rt. 2
		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Warren E. Tucker	13b. MOTHER'S MAIDEN NAME Carribell Lenoard	14. NAME OF HUSBAND OR WIFE Virgie Tucker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or date of service) World War I	16. SOCIAL SECURITY NO. 492-20-5284	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Tompkins - Noel Mo. ADDRESS Noel Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3rd Degree Burns on 90% of the Body.		
	ANTECEDENT CAUSES DUE TO (b) Farm Home Destroyed By Fire Due to Heating Stove Explosion.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) Gravette (COUNTY) Benton (STATE) Ark.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-1-56 8:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Heating Stove Exploded.
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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 **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. M. Humphrey Jr. Coroner	23b. ADDRESS Noel, Mo.	23c. DATE SIGNED 2/3/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/5/56	24c. NAME OF CEMETERY OR CREMATORY Wet Prairie Cem.	24d. LOCATION (City, town, or county) (State) Gravette Ark Rt. 2
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DATE REC'D BY LOCAL REG. 2-5-56	REGISTRAR'S SIGNATURE Marye Humphrey	25. FUNERAL DIRECTOR'S SIGNATURE M. M. Humphrey Jr. ADDRESS Noel, Mo.
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WRITE PLAINLY—USING UNFADEING 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 *J. P. Humphrey Jr.*

Licensed Embalmer No... *476*

P. O. Address... *Mail*

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.