

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **3400**
Registrar's No. **24**

FILED FEB 5 1957

Registration District No. **340** Primary Registration District No. **6152**

Health, Welfare, Public Service

3001-56

ALL diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Stoddard			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Clay		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter Liberty Twp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rector		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Davis Hospital		Length of stay in 1b	d. STREET ADDRESS Rt. 1		(If outside, give location) 8030 Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Bessie Middle Fern Last Bradham			4. DATE OF DEATH Month January Day 16 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 4, 1893	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 63 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Unknown	12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Allen Meade			14. MOTHER'S MAIDEN NAME Ella Stacer		
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 Roy Bradham Rector, Arkansas	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b); and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Edema lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Congestive heart failure. DUE TO (c) Diabetic and albumin urea					INTERVAL BETWEEN ONSET AND DEATH
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour 9:30 Month Jan. Day 9 Year 1957 a. m. P p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Dexter Liberty Twp. COUNTY Stoddard STATE Arkansas	
21. I attended the deceased from January 9, 1957 and last saw her alive on Jan. 16, 1957 Death occurred at 9:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>B. S. Davis</i> (Degree or title) MD			22b. ADDRESS Dexter Liberty Twp.		22c. DATE SIGNED 1-21-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 18, 1957	23c. NAME OF CEMETERY OR CREMATORY Mitchell Cemetery		23d. LOCATION (City, town, or county) (State) Greenway Arkansas
24. FUNERAL DIRECTOR Irby Funeral Home		ADDRESS RECTOR, ARKANSAS		25. DATE RECD. BY LOCAL REG. 2-2-57	26. REGISTRAR'S SIGNATURE <i>Voluna V. Jenkins</i>

(Licensed Embalmer's Statement on Reverse Side)

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..... *Thomas E. Beal*

Licensed Embalmer No. *101*.....

P. O. Address *Beaton, Ala*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.