

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039520

FILED VS. DEC 8 1959 / 07 Primary Registration District No. 3019 Registrar's No. 213 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett		Length of stay in 1b		c. CITY OR TOWN Kennett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Presnell Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 206 N. Hopper		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Buren Middle Burtord Last Carroll				4. DATE OF DEATH Month 11 Day 27 Year 1959				
5. SEX M	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 8-2-1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 3 Days 26 Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state of country) Texas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Mary Potts			14. NAME OF HUSBAND OR WIFE Beatrice Carroll		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) No			16. SOCIAL SECURITY NO. No. 490-40-9680		17. INFORMANT Address Beatrice Carroll - Kennett, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Cerebral Thrombosis								
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension								
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year 								
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		COUNTY		STATE
21. I attended the deceased from 11-11-59 to 11-27-59 and last saw him alive on 11-27-59 Death occurred at Approximately 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE L.C. Wilson M.D. (Degree or title)				22b. ADDRESS Kennett, Mo.			22c. DATE SIGNED 11/30/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-29-1959	23c. NAME OF CEMETERY OR CREMATORY Hartsoe Cem.		23d. LOCATION (City, town, or county) (State) Marmaduke Ark.			
24. FUNERAL DIRECTOR Mr. Daniel Funeral Sct. Kennett, Mo.				25. DATE RECD. BY LOCAL REG. 12-2-1959		26. REGISTRAR'S SIGNATURE Earl Hubbard		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Tammy L. Doherty

Licensed Embalmer No. 4886

P. O. Address Bennett, Va

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.