

RI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048894

FILED VS FEB 1 1961

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Sharp</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poynor Twp.</u>		Length of stay in 1b <u>1 hour</u>		c. CITY OR TOWN <u>Williford</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ripley Memorial Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Douglas Bruce Reynolds</u>				4. DATE OF DEATH Month Day Year <u>Dec. 24, 1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>June 19, 1942</u>	9. AGE (last birthday) <u>18</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>College</u>		11. BIRTHPLACE (City and state or country) <u>St. George, Utah</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lt. Col. Clifford Reynolds, Jr.</u>			13b. MOTHER'S MAIDEN NAME <u>Monnie Booth</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Clifford Reynolds, Jr. Williford, Ark.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Severe blow to head</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
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 checked="" 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.) <u>Car accident</u>						
20c. TIME OF INJURY Hour Month, Day, Year <u>1045 12 24 60</u>			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.) <u>HIWAY # 21</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>8 M. SOUTH DONIPHAN, RIPLEY MO.</u>	
21. I attended the deceased from <u>12/24/60</u> to _____ and last saw her/him alive on <u>DOA</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Tom Burcham Jr. M.D.</u>				22b. ADDRESS <u>119 State St Doniphan, Mo</u>			22c. DATE SIGNED <u>1/26/61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 28, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Baker Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Williford (Rural) Arkansas</u>				
24. FUNERAL DIRECTOR <u>Higginbotham Funeral Ser. Hardy, Ark.</u>				25. DATE RECD. BY LOCAL REG. <u>1-28-61</u>		26. REGISTRAR'S SIGNATURE <u>Flava Broz</u>		

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arkansas Emba

Licensed Embalmer No. ?

P. O. Address Hardy, Ark

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.