

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012309

Registration District No. 352 Primary Registration District No. Registrar's No. 24 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY Taney b. CITY Branson Length of stay in lb 2 hours c. CITY OR TOWN Harrison Inside Limits Yes [X] No [ ] d. STREET ADDRESS Hiway 65 North Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED First Walker Middle Lee Last Wood 4. DATE OF DEATH Month 3 Day 2 Year 61

5. SEX Male 6. COLOR OR RACE White 7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ] 8. DATE OF BIRTH 9/10/82 9. AGE (last birthday) 78

10a. USUAL OCCUPATION Carpenter 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Emma Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. 17. INFORMANT Address Emma Wood- Hiway 65 N., Harrison, Ark.

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Myocardial Infarction DUE TO (b) Prosthetic Infection DUE TO (c) Interval between onset and death 2 hrs 10 days

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 [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] 20b. DESCRIBE HOW INJURY OCCURRED.

20c. TIME OF INJURY Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-2-61 to 3-2-61 and last saw her alive on 3-2-61 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) 22b. ADDRESS Harrison, Mo 22c. DATE SIGNED 3-2-61

23a. BURIAL, CREMATION, REMOVAL Burial 23b. DATE 3/4/61 23c. NAME OF CEMETERY OR CREMATORY Maplewood 23d. LOCATION Harrison Ark.

24. FUNERAL DIRECTOR Holt Memorial Chapel-Harrison, Ark. ADDRESS 25. DATE RECD. BY LOCAL REG. 3-14-61 26. REGISTRAR'S SIGNATURE Helen Campbell

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 \_\_\_\_\_

Licensed Embalmer No. 10611

P. O. Address Harrison Ave

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.