

FILED JUN 1 1951

## STANDARD CERTIFICATE OF DEATH

Stat. File No. 15733

BIRTH NO.		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 3007	Registrar's No. 1213
1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ark. b. COUNTY Clay		
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Piggott 8130		
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital		d. STREET ADDRESS (If rural, give location) Cherry St. 8		
3. NAME OF DECEASED (Type or Print) a. (First) Charley b. (Middle) Washington c. (Last) Canada		4. DATE OF DEATH (Month) (Day) (Year) 5-14-51		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 11, 1895	9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery Store	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Madge Canada	
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. No	17. INFORMANT'S SIGNATURE OR NAME Madge Canada-Piggott Ark	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 wks.
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-5-1951, to 5-14-1951, that I last saw the deceased alive on 5-14-1951, and that death occurred at 6:00 a.m., from the causes and on the date stated above.				
23a. SIGNATURE Wm. H. Johnson		(Degree or title)	23b. ADDRESS Poplar Bluff Mo 63451	23c. DATE SIGNED 5-25-51
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-16-51	24c. NAME OF CEMETERY OR CREMATORY Piggott Cemetery		24d. LOCATION (City, town, or county) (State) Piggott Ark.
DATE REC'D BY LOCAL REG. May 24 1951	REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Russell	ADDRESS Piggott, Ark.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAY 29 1951

BUTLER CO. HEALTH CENTER

FILE No. 551-248

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 .....

Student Embalmer

Signed.....

*Clifford Johnson*

Licensed Embalmer No. 4636

P. O. Address Lynd, 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 this body is not embalmed, fact should be so stated above.