

STANDARD CERTIFICATE OF DEATH

21294

State File No.

FILED JUN 25 1952

BIRTH NO. _____ REG. DIST. NO. 237 PRIMARY REG. DIST. NO. 5800 Registrar's No. 16

0720
1

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

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: complete before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tallapoosa Anderson Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tallapoosa</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>9</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u>		b. (Middle) <u>Gettings</u>		c. (Last) <u>Gettings</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-31-52</u>	
---	--	-----------------------------	--	---------------------------	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-7-1898</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u>24</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Pulaski County, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Gettings</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Gallagher</u>		14. NAME OF HUSBAND OR WIFE <u>Mae E. Gettings</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'S SIGNATURE OR NAME ADDRESS <u>Mae Elmina Gettings</u>	
--	--	-------------------------------------	--	--	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Dilatation</u>		
	DUE TO (c) <u>Had stroke 10 years ago</u>		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>352X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 5-15 1952 to 5-31 1952, that I last saw the deceased alive on 5-29 1952 and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Carlstrom, M.D.</u>	23b. ADDRESS <u>Malden</u>	23c. DATE SIGNED <u>June 1/52</u>
--	----------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-2-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cummings Chapple</u>	24d. LOCATION (City, town, or county) (State) <u>Near Pollard, Ark.</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>6-23-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. E. L. Hopkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lloyd Russell, Piggott, Ark.</u>
---	---	--

(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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd Sussell

Licensed Embalmer No. 509 - Ark.

P. O. Address Piggott, 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.