

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Barrywald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Benton</u>	
b. CITY OR TOWN <u>Cassville</u>		c. CITY OR TOWN <u>Rural Mt. Vernon Township</u>	
c. LENGTH OF STAY (In this place) <u>En-rout</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Curtis</u> b. (Middle) <u>Lynn</u> c. (Last) <u>Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 24, 1952</u>	9. AGE (In years last birthday) <u>50</u>	10. MONTHS <u>50</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Benton County Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>Charles Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Lee Givens</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Adams</u> ADDRESS <u>Pea Ridge, Ark.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Malnutrition</u>		DUE TO (b) <u>Cause undetermined</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7720</u>		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)		21e. INJURY OCCURRED WHOLE AT <input type="checkbox"/> NOT WHOLE AT <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Aug 30, 1952, to Sept 12, 1952, that I last saw the deceased alive on Sept 12, 1952, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23. SIGNATURE <u>Janus L. Peterson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Bentonville, Ark.</u>		23c. DATE SIGNED <u>9-15-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/14/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pea Ridge Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Pea Ridge, Ark.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home</u> ADDRESS <u>Pea Ridge, Ark.</u>		DATE REC'D BY LOCAL REG. <u>9-18-1952</u>	
REGISTRAR'S SIGNATURE <u>Grace Williams</u>		10-0-			

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

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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.

*Not embalmed*

Student .....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.