

THE DIVISION OF HEALTH OF THE STATE OF ARKANSAS
STANDARD CERTIFICATE OF DEATH

31200

State File No.

FILED OCT 14 1952

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 127

0352

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ark</u> b. COUNTY <u>Houston</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>4 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Redstar Ark.</u>		d. STREET ADDRESS (If rural, give location) <u>8030</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prisonal Hospital</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 4-1952</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willma</u> b. (Middle) <u>Gene</u> c. (Last) <u>Hammond</u>			8. DATE OF BIRTH <u>Jan 15-1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	9. AGE (In years last birthday) <u>8</u>	If under 1 year: Months <u>19</u> Days <u>19</u>	If over 1 year: Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carkaville Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ben Hammond</u>		13b. MOTHER'S MAIDEN NAME <u>Ollie Wood</u>		14. NAME OF HUSBAND OR WIFE <u></u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mauda Wood</u> ADDRESS <u>Redstar, 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>1 week</u>
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Gastroenteritis</u>				
	ANTECEDENT CAUSES				
	DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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				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) <u>5710</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <u>10-4</u> , 19 <u>52</u> , to <u>10-4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-4</u> , 19 <u>52</u> , and that death occurred at <u>4:30 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>L.C. Wilson, M.D.</u> (Degree or title)		23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>10-4-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburial</u>	24b. DATE <u>Oct 16-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cave Mountain</u>	24d. LOCATION (City, town, or county) (State) <u>Redstar, Ark.</u>		
DATE REC'D BY LOCAL REG. <u>10-4-52</u>	REGISTRAR'S SIGNATURE <u>Carl Hubbard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Funeral Service</u>	ADDRESS <u>Kennett Mo.</u>		

RECEIVED DUNKLIN' COUNTY HEALTH
DEPARTMENT 10-9-52
COUNTY FILE NUMBER 1052-282

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.....

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.