

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6158 Registrar's No. 57

040

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| 1. PLACE OF DEATH<br>a. COUNTY <u>STONE</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>STONE</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BLUE EYE MO.</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BLUE EYE</u> <u>1040</u>                                 |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY OF BLUE EYE</u>                                  |  | d. STREET ADDRESS (If rural, give location) <u>CITY OF BLUE EYE</u>  |  |

|   |                               |   |  |   |                             |   |
|---|-------------------------------|---|--|---|-----------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JENETTA</u> b. (Middle) <u>ARLENA</u> c. (Last) <u>YOUNGBLOOD</u> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-2-52</u> |   |                             |   |
| 5. SEX <u>FEMALE</u>  | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>10-3-1897</u>                    | 9. AGE (In years last birthday) <u>55</u>                 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>        |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>                     |  | 11. BIRTHPLACE (State or foreign country) <u>ARKANSAS</u> |                             | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |

|                                       |   |   |
|---------------------------------------|---|---|
| 13a. FATHER'S NAME <u>JAMES WHITE</u> | 13b. MOTHER'S MAIDEN NAME <u>MELISSA SHAHAN</u> | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> |
|---------------------------------------|---|---|

|   |                                     |   |
|---|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>DALEYOUNGBLOOD</u> ADDRESS <u>Berryville ARK</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 1/2 hrs</u><br><u>5 yrs</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertension Essential</u> |  |  |
|   | DUE TO (c)  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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"/> |
|------------------------|----------------------------------|--|

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|--|--|---|
| 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) (Min.) | 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 10/21, 1952, to 11/1, 1952, that I last saw the deceased alive on 11/1, 1952, and that death occurred at 4A m., from the causes and on the date stated above.

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|--|------------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>C. M. Quinn M.D.</u> | 23b. ADDRESS <u>Berryville ARK</u> | 23c. DATE SIGNED <u>1-2-53</u> |
|--|------------------------------------|--------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>11-5-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>BLUE EYE Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>BLUE EYE MO.</u> |
|---|--------------------------|---|---|

|  |  |  |         |
|--|--|--|---------|
| DATE REC'D BY LOCAL REG. <u>12-26-52</u> | REGISTRAR'S SIGNATURE <u>Mr. J. E. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Nelson N. Berryville ARK</u> | ADDRESS |
|--|--|--|---------|

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

Brand new

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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.

Student .....  
Student Embalmer

Signed Emmett A. Hicks.....

Licensed Embalmer No. 4823.....

P. O. Address Berzville, 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.