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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1953

State File No. 17194

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 213

1. PLACE OF DEATH
a. COUNTY: Butler 0124 n
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lucy Lee Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Arkansas
b. COUNTY: Clay 8030
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corning Kilgore 8
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)
a. (First): Wilbur
b. (Middle): T
c. (Last): Garland

4. DATE OF DEATH (Month) (Day) (Year): May 15 1953

5. SEX: Male O
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: March 12, 1885
9. AGE (In years last birthday): 68 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indiana /
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: E. M. Garland
13b. MOTHER'S MAIDEN NAME: Sarah Crane
14. NAME OF HUSBAND OR WIFE: Mrs. Annie Garland

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.: 429-10-8580
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Annie Garland, Corning, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Massive Posterior Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Interstitial Pneumonia — 24 hrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 14, 1953, *to* May 15, 1953, *that I last saw the deceased alive on* May 15, 1953, *and that death occurred at* 6.50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. W. McPheeters Jr. M.D.
23b. ADDRESS: Poplar Bluff
23c. DATE SIGNED: 5-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 17, 1953
24c. NAME OF CEMETERY OR CREMATORY: Corning
24d. LOCATION (City, town, or county) (State): Corning, Arkansas

DATE REC'D BY LOCAL REG.: 5/22/53
REGISTRAR'S SIGNATURE: R H Minette 484
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: RUSSELL-ERMERT FUN. HOME, Corning, Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 25 1953
BUTLER CO. HEALTH CENTER

FILE No._____

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 Leslie D. Russell

Licensed Embalmer No. 3855

P. O. Address Corning Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.