S. No. 300
v. 10.48

FILED JUL 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22233

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 407

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (In this place): 6 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospitol

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ark
b. COUNTY: Stone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ben
d. STREET ADDRESS (If rural, give location): 8030 8

3. NAME OF DECEASED (Type or Print)
a. (First): Raymond
b. (Middle): Edward
c. (Last): Hooten

4. DATE OF DEATH (Month) (Day) (Year): 7-12-54

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 7-20-1927
9. AGE (In years last birthday): 26 — 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): ✓
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Edward Hooten
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Elbert Leonard Ben, 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) Internal Injuries — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Possible Head Injury

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Wayne County Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Taskee Hill Wayne Missouri 1110
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-11-54 2:00 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto Accident

22. *I hereby certify that I attended the deceased from* July 11, 1954, *to* July 12, 1954, *that I last saw the deceased alive on* July 12, 1954, *and that death occurred at* 12 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Henderson MD
23b. ADDRESS: Poplar Bluff, Mo
23c. DATE SIGNED: 7-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Remaval
24b. DATE: 7-12-54
24c. NAME OF CEMETERY OR CREMATORY: Ben Cemetery
24d. LOCATION (City, town, or county) (State): Ben, Ark.

DATE REC'D BY LOCAL REG.: 7/24/54
REGISTRAR'S SIGNATURE: R H Menthell 489
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Greer-Croy and Fitch Poplar Bluff mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 26 1954

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~~ 7-12-54

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Phil A Jeuchel

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff Mo

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.