

FILED APR 20 1955

STANDARD CERTIFICATE OF DEATH

State File No. 11463

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Dunklin Co. Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ark b. COUNTY Clay <i>8030</i>	
b. CITY (If outside corporate limits, write RURAL and give township) Kennett 0		c. CITY OR TOWN Rector	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>8</i>
c. LENGTH OF STAY (In this place) 40 days		e. STREET ADDRESS (If rural, give location) 1021 Stewart St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Dunklin Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) MARCUS b. (Middle) Lafayette c. (Last) Phillips			4. DATE OF DEATH (Month) (Day) (Year) Mar. 27 -1955		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH March 1 -1905	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR: Months 0 Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Mississippi /	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Myrtle Phillips
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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. 430-05-7378	17. INFORMANT'S SIGNATURE OR NAME Myrtle Phillips, Rector Ark.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Pyelonephritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (2) Thrombosis of coronary artery due to unknown cause		
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 4201	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)	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 March 24, 1955, to March 27, 1955, that I last saw the deceased alive on March 27, 1955, and that death occurred at 4:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joe A. Zimmerman, M.D. 0	23b. ADDRESS Kennett, Missouri	23c. DATE SIGNED 4-11-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-29-1955	24c. NAME OF CEMETERY OR CREMATORY Woodland Heights Cem	24d. LOCATION (City, town, or county) (State) Rector - Ark.
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DATE REC'D BY LOCAL REG. 4-15-55	REGISTRAR'S SIGNATURE Carl H. ...	25. FUNERAL DIRECTOR'S SIGNATURE R. L. Mitchell	ADDRESS Paragould, Ark.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-18-55
COUNTY FILE NUMBER 455-10

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
Signature of Student Embalmer

Signed *Richard M. Mitchell*

Licensed Embalmer No. *703*

P. O. Address *Paragould,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.