

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 22 1955

State File No. **17862**
Registrar's No. **353**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Arkansas b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Knobel	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
Arlie	Lee	Herring	June	7	1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 28, 1881	9. AGE (In years less birthday) 74	IF UNDER 1 YEAR Months 2 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Murphysboro, Ill.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Joseph Herring	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Gusta Herring
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Herring 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 4201 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 **6-1-1955** to **6-7-1955**, that I last saw the deceased alive on **6-7-1955**, and that death occurred at **4:55P** m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. H. Herring</i>	(Degree or title)	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 6-13-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-9-1955	24c. NAME OF CEMETERY OR CREMATORY Bond Cemetery	24d. LOCATION (City, town, or county) (State) Knobel, Arkansas

DATE REC'D BY LOCAL REG. 6/14/55	REGISTRARS SIGNATURE <i>B. H. Herring</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Russell-Ermert</i>	ADDRESS Corning, Ark.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUN 20 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

SEP 6 1961

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 _____

-----Me-----

Student Embalmer No. -----

working under my personal supervision.

Student -----
Student Embalmer

Signed

Leslie D. Russell

Licensed Embalmer No. 3855 TMO

P. O. Address. Corning, 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.