

FILED OCT 26 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32365

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 555

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Arkansas</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (In this place) <b>3 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lucy Lee Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Route 1.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Martin</b>		b. (Middle) <b>Luther</b>	
c. (Last) <b>Harpole</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 12, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>May 7, 1877</b>
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 24 HRS. Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) / <b>Mayfield, Ky.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>James Harpole</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Divorced</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Bill Harpole</b>		ADDRESS <b>Success, Ark.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage.</b> INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) = DUE TO (c) <b>331X</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>	
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)		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 <b>9-11, 1955</b> to <b>9-12, 1955</b> , that I last saw the deceased alive on <b>9-12, 1955</b> , and that death occurred at <b>2:10 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>J. W. McNeel, M.D.</b>		23b. ADDRESS <b>Poplar Bluff, Mo.</b>	
23c. DATE SIGNED <b>9-26-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-14-1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Corning Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Corning, Arkansas</b>	
DATE REC'D BY LOCAL REG. <b>10/2/55</b>		REGISTRAR'S SIGNATURE <b>J. W. McNeel</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Russell-Erment</b>		ADDRESS <b>Corning, Ark.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

OCT 24 1955

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

107 87 504

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

-----Me-----

Student Embalmer No. -----

working under my personal supervision.

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Student .....  
Student Embalmer

Signed.....

*Richard O. Emergent*

Licensed Embalmer No. 782

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.