

C- R- 10103  
FILED OCT 21 1955  
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32374  
Registrar's No. 542

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

|  |  |  |   |
|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Butler</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Arkansas</b><br>b. COUNTY<br><b>Clay</b>  |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><b>Poplar Bluff</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><b>Corning, Rural Route #1</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Veterans Administration Hospital</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>RR#1</b>   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>William</b><br>b. (Middle) <b>Floyd</b><br>c. (Last) <b>Nettle</b>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>October 7, 1955</b>                     |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>   | 8. DATE OF BIRTH<br><b>February 26, 1896</b>  |
| 9. AGE (In years last birthday)<br><b>59 yrs</b>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>  | 11. BIRTHPLACE (State or foreign country)<br><b>Randolph County, Arkansas</b>       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 13a. FATHER'S NAME<br><b>William S. Nettle</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Zelpha Rice</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Unknown</b>                                       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WW I</b>  |  | 16. SOCIAL SECURITY NO.<br><b>Unknown</b>  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>VA HOSPITAL RECORDS</b>                     |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriolar nephrosclerosis</b><br><b>Azotemia, uremia-renal</b><br>DUE TO (b) <b>Hypertensive cardiovascular disease</b><br>DUE TO (c) <b>Prostate hypertrophy, benign</b><br>II. OTHER SIGNIFICANT CONDITIONS<br>Chronic ulceration middle 1/3 left leg,<br>Post traumatic.<br><b>442X</b> |   |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>Anemia, secondary, severe</b>   | 20. AUTOPSY?<br>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)<br><b>VA</b>   | 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>Oct. 5, 1955, to Oct. 7, 1955,</b> and that death occurred at <b>9:17 A. m.,</b> from the causes and on the date stated above.   |  |  |   |
| 23a. SIGNATURE<br><b>E. D. BASKETT, M.D., Chief, Medical Service, VA Hospital, Poplar Bluff, Mo.</b>   |  | 23b. ADDRESS<br><b>VA Hospital, Poplar Bluff, Mo.</b>  | 23c. DATE SIGNED<br><b>10-7-55</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 24b. DATE<br><b>10-9-1955</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Corning Cemetery</b>  | 24d. LOCATION (City, town, or county) (State)<br><b>Corning, Arkansas</b>           |
| DATE REC'D BY LOCAL REG.<br><b>10/10/55</b>  | REGISTRAR'S SIGNATURE<br><b>R. H. Murrell</b>  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Russell-Ermert</b>  | ADDRESS<br><b>Corning, Ark.</b>   |

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

RECEIVED  
OCT 17 1955  
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 \_\_\_\_\_

-----Me-----

Student Embalmer No. -----

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Richard P. Emmer*

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.