

XC-242 97 49
RN 10612

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43258

State File No.

BIRTH NO. FILED JAN 19 1956 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (in this place) 10 days	c. CITY OR TOWN Paragould
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 706 W. Court	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Ed c. (Last) Felty			4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1955		
---	--	--	---	--	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-15-76	9. AGE (In years last birthday) 79	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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Carmi, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Sylvester M. Felty	13b. MOTHER'S MAIDEN NAME Topsy Miller	14. NAME OF HUSBAND OR WIFE Bessie Felty
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes OW	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records	ADDRESS
--	-------------------------------------	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Arteriosclerotic Heart Disease DUE TO (c) 4200 H		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital absence left kidney.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate.		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) VA	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 **Dec. 17, 1955**, to **Dec. 27, 1955**, ~~that he died on the date stated above.~~ and that death occurred at **1:55 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) ERNEST M. TAPP, M.D., Manager	23b. ADDRESS VAH, Poplar Bluff, Mo.	23c. DATE SIGNED 12-27-55
--	---	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12-29-55	24c. NAME OF CEMETERY OR CREMATORY Linwood	24d. LOCATION (City, town, or county) (State) Paragould, Arkansas
---	---------------------------	---	--

DATE REC'D BY LOCAL REG 4/11/56	REGISTRAR'S SIGNATURE Rh Mitchell	25. FUNERAL DIRECTOR'S SIGNATURE Mitchell Funeral Home	ADDRESS Paragould, Arkansas
--	--	---	------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

RECEIVED
JAN 17 1956

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 Randal L. Mitchell, Student Embalmer No. 373 working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Randal L. Mitchell

Licensed Embalmer No. 373

P. O. Address Paragon

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.