

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15691

State File No. ....

FILED JUN 4 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 312

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ark</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff, 0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Corning</u>	
c. LENGTH OF STAY (in this place) <u>2 hours</u>		d. STREET ADDRESS (If rural, give location) -----	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lucy Lee Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Anthony</u> c. (Last) <u>Laux</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 23, 1956</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec. 14, 1878</u>	9. AGE (In years last birthday) <u>77</u>	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) <u>Ret. R. R. Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R. R. Work</u>		11. BIRTHPLACE (State or foreign country) <u>Shopsburg, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Mae Laux</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Mae Laux Corning, Ark.</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe head injury, intracranial hemorrhage. Profound traumatic shock</u> ANTECEDENT CAUSES DUE TO (b) <u>Compound fracture left tibia and fibia. Complete fracture left femur, shaft. Severe avulsion shin &amp; tendons dorsum right hand.</u> DUE TO (c) <u>left femur, shaft. Severe avulsion shin &amp; tendons dorsum right hand.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>803 - 8124 - 25</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Hwyway 67</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Corning Clay Ark</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 23/56 7:15p</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Struck by Auto crossing highway</u>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:16 P.m., from the causes, and on the date stated above.

23a. SIGNATURE (In full or title) <u>Edward Green Toombs Poplar Bluff, Mo</u>		23b. ADDRESS <u>Poplar Bluff, Mo</u>		23c. DATE SIGNED <u>May 29, 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/25/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linwood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Paragould, Arkansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Russell-Erment Funeral Home Ark</u>			
DATE REC'D BY LOCAL REG. <u>5/31/56</u>		REGISTRAR'S SIGNATURE <u>BK Toombs</u>			

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

Rec'd By:  
Guller's Health Center  
June 1, 1956

JUN 3 1956

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 O. Emmer

Licensed Embalmer No. 782

P. O. Address Corning Ar

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.