FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 35395

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9525

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Missouri Pacific Hosp. — Length of stay in 1b 1 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ARKANSAS b. COUNTY
c. CITY OR TOWN North Little Rock — Inside Limits Yes ☑ No ☒
d. STREET ADDRESS (If outside, give location) Route #5 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First RONALD Middle RECTOR Last COUNTS
4. DATE OF DEATH Month 10 Day 17 Year 56

5. SEX m
6. COLOR OR RACE w
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug. 3, 1896
9. AGE (In years last birthday) 60 — 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) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Missouri Pacific
11. BIRTHPLACE (City and state or country) Cabot, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John M. Counts
14. MOTHER'S MAIDEN NAME Sally Harrod

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Address Mrs. Marie Counts, N. Little Rock, Ark.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchogenic Carcinoma Rt Lung with generalized Metastases
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
162x

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 18, 1956 to Oct. 17, 1956 and last saw her/him alive on Oct 17, 1956
Death occurred at 12 00 A.M. (NOON) on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS [signature]
22c. DATE SIGNED 10-17-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-17-56
23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery
23d. LOCATION (City, town, or county) (State) Pulaski Co., Ark.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG. OCT 18 1956
26. REGISTRAR'S SIGNATURE [signature] M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley H. Dixon

Licensed Embalmer No. 41

P. O. Address St. L

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.