

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3845

STATE FILE NUMBER

XC- UNKNOWN

REG.# 13537

Registration District No. - 43

Primary Registration District No. 3007

Registrar's No. 163

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| 1. PLACE OF DEATH a. COUNTY BUTLER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY RANDOLPH | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN POCAHONTAS 0880 0 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. HOSPITAL | | Length of stay in lb 6 days | d. STREET ADDRESS (If outside, give location) ROUTE 2 |
| Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |

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|---|------------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) First GROVER Middle CLAY Last CUDE | | | 4. DATE OF DEATH Month FEBRUARY Day 4 Year 1957 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE 0 | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 12-6-86 | 9. AGE (In years last birthday) 70 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING | | 10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE | 11. BIRTHPLACE (City and state or country) IMBODEN, ARKANSAS / | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME JIM R. CUDE | | | 14. MOTHER'S MAIDEN NAME MOLLY BRIDGES | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI | | 16. SOCIAL SECURITY NO. UNKNOWN | 17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO. | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORONARY OCCLUSION | | INTERVAL BETWEEN ONSET AND DEATH 18 HRS. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) COMPLICATIONS OF GUNSHOT WOUND OF ABDOMINAL CONTENTS, REQUIRING SURGERY. | 6 DAYS |
| | DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PATIENT SAID A HAWK WAS AFTER HIS CHICKENS. HE WENT TO GET HIS 12GA SHOTGUN, IT WENT OFF ACCIDENTLY. WIFE VERIFIED THIS. | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year a. m. _____ p. m. JAN. 29, 1957 | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) AT HOME | 20f. CITY, TOWN, OR LOCATION POCAHONTAS (RTE. 2) RANDOLPH, ARKANSAS |

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|--|--|---|--|---|-----------------------------------|
| 21. I attended the deceased from January 29, 1957 to Feb. 4, 1957 Death occurred at 9:35 PM on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) R. L. RAMOS, M.D., Actg. Chief, Surg. Svc. | | 22b. ADDRESS VAH., Poplar Bluff, Missouri | 22c. DATE SIGNED 2-5-57 |
|--|--|---|--|---|-----------------------------------|

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|---|------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 2-8-1957 | 23c. NAME OF CEMETERY OR CREMATORY OLD UNION | 23d. LOCATION (City, town, or county) (State) Imboden, RFD#1 ARK. |
| 24. FUNERAL DIRECTOR N. S. McHale Pocahontas Ark. | | 25. DATE RECD. BY LOCAL REG. 2/11/57 | 26. REGISTRAR'S SIGNATURE Ed Quetcher |

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

FEB 18 1957

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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 em

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

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *H. G. McNabb*

Licensed Embalmer No. 610

P. O. Address Pocahontas

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.