

FILED MAR 18 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 2247

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Fulton				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Springfield TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR Mammoth Springs TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.			Length of stay in lb 3 Weeks		d. STREET ADDRESS 8030 8 (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BOBBIE Middle JEAN Last BURKE				4. DATE OF DEATH Month March Day 7 Year 1957				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 4 1935		9. AGE (In years last birthday) 22	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) Home			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) Ash Flat, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Arthur Burke				14. MOTHER'S MAIDEN NAME Clara Orr				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ?		17. INFORMANT Arthur Burke Mammoth Springs, Ark. Address _____				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Obstruction							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Metastatic Squamous Sarcoma bilateral Pulmonary					3 1/2 yrs.	
		DUE TO (c) Primary Squamous Sarcoma of Right Wrist						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Dec 1953 Rt. arm amputated because of Primary lesion							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.) 197X					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____ Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Nov. 1953 to March 7, 1957 and last saw her alive on 3-7-57 Death occurred at 10:30 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Thomas E. Farrell M.D. (Degree or title)				22b. ADDRESS Springfield Mo		22c. DATE SIGNED 3-8-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/7/57	23c. NAME OF CEMETERY OR CREMATORY _____		23d. LOCATION (City, town, or county) (State) Mammoth Springs, Ark.			
24. FUNERAL DIRECTOR Center Funeral Home, Thayer, Mo.			25. DATE RECD. BY LOCAL REG. 3-12-57		25. REGISTRAR'S SIGNATURE Edith Williamson			

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 7 1958

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Paul Lohrey

Licensed Embalmer No.

P. O. Address.....

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.