

STANDARD CERTIFICATE OF DEATH

43805  
STATE FILE NUMBER

FILED JAN 6 1958

Registration District No. 21 Primary Registration District No. 3012 Registrar's No. 120

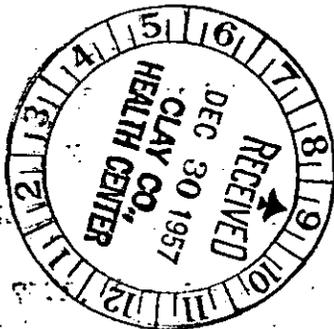
V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Oklahoma</b> b. COUNTY <b>Muskogee</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Excelsior Springs, Mo</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Muskogee</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b>		Length of stay in lb <b>5 mos 5 days</b>	d. STREET ADDRESS (If outside, give location) <b>1218 S. 20th</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>BEN</b> Middle <b>NMI</b> Last <b>STRING</b>			4. DATE OF DEATH Month <b>December</b> Day <b>12</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>October 12, 1891</b>
9. AGE (In years last birthday) <b>66</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>common laborer</b>	11. BIRTHPLACE (City and state or country) <b>Bryan Texas</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>common laborer</b>	11. BIRTHPLACE (City and state or country) <b>Bryan Texas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Dave String</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Vinson</b>	
14. NAME OF HUSBAND OR WIFE <b>---</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>	
16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT Address <b>VA Hospital records</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Tuberculosis, pulmonary, far advanced, active</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>---</b> DUE TO (c) <b>---</b>			<b>J.D.B.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>---</b>			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.) <b>---</b>	
20c. TIME OF INJURY Hour <b>---</b> Month, Day, Year a.m. <b>---</b> p.m. <b>---</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>---</b>	
21. <b>VA</b> attended the deceased from <b>July 8, 1957</b> to <b>December 12, 1957</b> Death occurred at <b>5:50</b> a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>C. V. KERN, M.D. Chief, Tuberculosis Service</b> (Degree or title)		22b. ADDRESS <b>Excelsior Springs, Mo.</b>	22c. DATE SIGNED <b>12-12-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>12-12-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>UNKNOWN</b>	23d. LOCATION (City, town, or county) (State) <b>Muskogee, Oklahoma</b>
24. FUNERAL DIRECTOR <b>Prichard Funeral Home, Inc.</b> <b>Excelsior Springs, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>12/20/57</b>	26. REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

See the medical certification in this specific manner required by 193.140 MARS 1949.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.



**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 Lindell Jarman  
Licensed Embalmer No. 4589  
E. O. Address Springer

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.