

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014849

STATE FILE NUMBER

FILED MAY 13 1958

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 51

S. 300
1-57

0551

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Crawford	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ft. Smith 8039
c. FULL NAME OF HOSPITAL OR INSTITUTION Aurora Hospital		Length of stay in 1b 2 days	d. STREET ADDRESS (If outside, give location) -----
3. NAME OF DECEASED (Type or print) First Middle Last VIOLET ROXIE RAY			4. DATE OF DEATH Month Day Year MAY 6, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 27, 1931
9. AGE (In years last birthday) 26		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk, Drug store		10b. KIND OF BUSINESS OR INDUSTRY Retail Clerk	11. BIRTHPLACE (City and state or country) Hartford, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME Earl Thomas	
13b. MOTHER'S MAIDEN NAME Ester Riddle		14. NAME OF HUSBAND OR WIFE -----	
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 Mrs. Earl Thomas; Ft. Smith, 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) Shock 1. intracranial injury 2. fracture right femur 3. rupture kidney 4. contusion U.S. heart.			INTERVAL BETWEEN ONSET AND DEATH 55 hours 33 hours
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) Car accident.	
20c. TIME OF INJURY Hour Month, Day, Year 11 p.m. 5-6-58		20d. INJURY OCCURRED WHILE AT <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.) Aurora, Lawrence Co., Mo.		20f. CITY, TOWN, OR LOCATION COUNTY STATE Aurora, Lawrence Co., Mo.	
21. I attended the deceased from May 5-58 to May 6-58 and last saw her alive on May 6-58 Death occurred at 12:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Emellum M.S.	
22b. ADDRESS 205 S. Elliott Aurora		22c. DATE SIGNED May 7/58	
23a. BY WHOSE CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/8/58	23c. NAME OF CEMETERY OR CREMATORY Hartford Memorial	23d. LOCATION (City, town, or county) (State) Hartford, Arkansas
24. FUNERAL DIRECTOR McConnell Funeral Home		25. DATE RECD. BY LOCAL REG. 5-7-58	26. REGISTRAR'S SIGNATURE Oran Mc Nett

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 *Iris P. Arnold*

Licensed Embalmer No. *4929*.....

P. O. Address *AURORA, Mo.*.....

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.