

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040853
STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 87
FILED DEC 15 1958

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ark. b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella		c. CITY OR TOWN Sulphur Springs ⁹⁰³⁰ ₉	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hardwell Mem. Hosp		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 3 weeks		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MARMA Middle DUKE Last BRACKNEY			4. DATE OF DEATH Month 10 Day 16 Year 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-22-1898	9. AGE (In years last birthday) 60	FUNDER 1 YEAR Months 4 Days 24 Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Sulphur Springs, Ark		
12. CITIZEN OF WHAT COUNTRY? U.S.						

13a. FATHER'S NAME M.D. Brackney		13b. MOTHER'S MAIDEN NAME Minnie Hughes		14. NAME OF HUSBAND OR WIFE Marie Brackney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 491-07-9585		17. INFORMANT Address Marie Brackney Sulphur Springs, Ark	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction (overline)		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ 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. 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		

20d. INJURY OCCURRED WHILE AT <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 Sulphur Springs, Ark
21. I attended the deceased from 1945 to oct 16 58 and last saw her/him alive on oct 16, 1958 Death occurred at 8:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Dr. Fountain D.O. 2	22b. ADDRESS Neel No	22c. DATE SIGNED 9/20/11/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-20-1958	23c. NAME OF CEMETERY OR CREMATORY Butler Creek Cem.
23d. LOCATION (City, town, or county) (State) Sulphur Springs, Ark		

24. FUNERAL DIRECTOR Humphrey & Son	ADDRESS Noel, Mo	25. DATE RECD. BY LOCAL REG. 11-29-58	26. REGISTRAR'S SIGNATURE Medred Moberly
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(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

INSURANCE TO THE PUBLIC
Date Filed DEC 12 1958
District File Number 12-58-260

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 W. M. Humphrey Jr.
Licensed Embalmer No. 4708
P. O. Address Noel 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.