

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026940

FILED VS JUL 30 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 6700** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Length of stay in 1b 19 days	c. CITY OR TOWN Mulberry,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis, Little Rock Hospitals, Inc.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Box 178	
3. NAME OF DECEASED (Type or print) First Middle Last Eliana Luther Medlock			4. DATE OF DEATH Month Day Year July 16, 1959.		
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 Feb. 15, 1907	9. AGE (last birthday) 52 yrs.	IF UNDER 1 YEAR Months Days Hours Min. 4 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Jethro, Arkansas		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Johnny Medlock		13b. MOTHER'S MAIDEN NAME Ella Bowles		14. NAME OF HUSBAND OR WIFE Flora	
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. 432-05-2944		17. INFORMANT Address Mrs. Flora Medlock Mulberry, 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) BRAIN TUMOR, 3rd VENTRICLE.					INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					193.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. 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 June 28, 1959 to July 16, 1959 and last saw her/him alive on July 16, 1959 Death occurred at 10:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) George E. Hartsig M.D.			22b. ADDRESS 1755 South Grand Blvd.,		22c. DATE SIGNED July 17,
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-17-59	23c. NAME OF CEMETERY OR CREMATORY New Cemetery		23d. LOCATION (City, town, or county) (State) Mulberry, Arkansas	
24. FUNERAL DIRECTOR ADDRESS Ocker Funeral Home Van Buren, Ark.		25. DATE RECD. BY LOCAL REG. JUL 17 '59		REGISTRAR'S SIGNATURE Ryan Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

S.P.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fred Starnes

Licensed Embalmer No. 4788

P. O. Address St. Louis, 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.