RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-028315

STATE FILE NUMBER

XC-2339595 REG. NO. A891 FILED VS SEP 2 1959

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 393

IDED

1. PLACE OF DEATH
a. COUNTY BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF — Length of stay in 1b: 13 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VETERANS ADM. HOSPITAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ARKANSAS b. COUNTY GREENE
c. CITY OR TOWN PARAGOULD — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 415 HIGHLAND — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First PERCY Middle DEAN Last ROE

4. DATE OF DEATH: Month AUGUST Day 21, Year 1959

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 12-24-75
9. AGE (last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WHOLESALE GROCER
10b. KIND OF BUSINESS OR INDUSTRY: GROCERY
11. BIRTHPLACE (City and state or country): HUMBOLT, TENNESSEE
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: BENJAMIN ROE
13b. MOTHER'S MAIDEN NAME: EUGENIA VAUGHN
14. NAME OF HUSBAND OR WIFE: MARY ROE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) SPAW
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT Address: VA HOSPITAL RECORDS, POPLAR BLUFF, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA. — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS
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)
1. CEREBRAL ARTERIOSCLEROSIS.

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] NO
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from AUGUST 8, 1959, to AUG. 21, 1959 ~~and last saw her/him alive on~~
Death occurred at 4:25 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert S. Cohen — ROBERT S. COHEN, M.D., Chief, Medical Svc.
22b. ADDRESS: VA HOSPITAL, POPLAR BLUFF, MO.
22c. DATE SIGNED: 8-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8-22-59
23c. NAME OF CEMETERY OR CREMATORY: Linwood
23d. LOCATION (City, town, or county) (State): Paragould, Arkansas

24. FUNERAL DIRECTOR ADDRESS: Mitchell Funeral Home, Paragould, Ark.
25. DATE REC'D. BY LOCAL REG.: 8/26/59
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed Richard M. Mit

Signature of Student Embalmer

Licensed Embalmer No. 703

P. O. Address Paragould

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.