

FILED VS JAN 11 1960

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59 042529  
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. \_\_\_\_\_ Registrar's No. 671

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Neelyville</b>		c. CITY OR TOWN <b>Neelyville 0120</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gen. Del.</b>		d. STREET ADDRESS (If outside, give location) <b>Gen. Del.</b>	
3. NAME OF DECEASED (Type or print) <b>ANNIE</b>		4. DATE OF DEATH <b>December 8, 1959</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>March 4, 1899</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (City and state or country) <b>Clay County, Arkansas</b>	
13a. FATHER'S NAME <b>Noah Dabbs</b>		14. NAME OF HUSBAND OR WIFE <b>Elves Jordan</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Elves Jordan</b> Address <b>Neelyville, Mo.</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>Cerebral Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>331X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 1/2 hours</b> <b>YEARS</b>	
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 Month, Day, Year a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Feb. 6, 1958</b> to <b>Dec. 8, 1959</b> and last saw <sup>her</sup> alive on <b>Dec. 8, 1959</b> Death occurred at <b>5:30 P M</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>J. L. Smith, D.O.</b> (Degree or title) <b>2</b>	
22b. ADDRESS <b>Naylor, Mo.</b>		22c. DATE SIGNED <b>12-11-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-10-59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Black Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Corning, Arkansas</b>	
24. FUNERAL DIRECTOR <b>Russell-Ermert</b>		25. DATE RECD. BY LOCAL REG. <b>12/28/59</b>	
ADDRESS <b>Box 377 Corning, Ark.</b>		26. REGISTRAR'S SIGNATURE <b>R. Muehler</b>	

securing the medical certification in the specific manner required by 193.140 MoRS 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 \_\_\_\_\_  
*F.O. Bennett*

Licensed Embalmer No. *782*

P. O. Address *Corning, Ark*

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.