pr. Health,
., & Welfare
S. Public
lth Service

.S. 300
ev. 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED VS MAR 25 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

60-010110
STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. — Registrar's No. 166

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Neely — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Go — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Arkansas b. COUNTY: Clay
c. CITY OR TOWN: Corning 8030, — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS: Rt. 1 (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Ben Middle: Reynolds Last: Dame

4. DATE OF DEATH Month Day Year: March 5, 1960

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ 2 **DIVORCED** ☐

8. DATE OF BIRTH: May 10, 1889

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 9, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (City and state or country): Randolph Co., Ark.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Dave Dame

14. MOTHER'S MAIDEN NAME: Ellen Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -------

16. SOCIAL SECURITY NO.: 430-22-0831

17. INFORMANT: Ed Dame Address: Pocahontas, Ark.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hemorrhage left femoral artery — INTERVAL BETWEEN ONSET AND DEATH: 30m
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): shot wound left leg
DUE TO (c): 981X

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 ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): shot in leg with a revolver

20c. TIME OF INJURY Hour ~~a.m.~~ p.m.: 10.00 Month, Day, Year: 3-5-60

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.): Public building

20f. CITY, TOWN, OR LOCATION: Neely Twp. COUNTY: Butler STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 10:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Grover W. Speer Coroner 3

22b. ADDRESS: Poplar Bluff Mo

22c. DATE SIGNED: 3-9-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-8-60

23c. NAME OF CEMETERY OR CREMATORY: Nelson Cemetery

23d. LOCATION (City, town, or county) (State): Reyno, Arkansas

24. FUNERAL DIRECTOR: Russell-Ermert ADDRESS: Box 377 Corning, Ark.

25. DATE RECD. BY LOCAL REG.: 3/16/60

26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles E. Mungl

Licensed Embalmer No. 48

P. O. Address Poplar Bl

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