

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015085

FILED VS APR 18 1960

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 63

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY HOWELL				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY FULTON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEST PLAINS		Length of stay in 1b 17 days		c. CITY OR TOWN MAMMOTH SPRINGS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JOHN Middle GEORGE Last MICHAELS				4. DATE OF DEATH Month APR Day 18 Year 1960					
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 8-22-1889		9. AGE (last birthday) 70	
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) MAMMOTH SPRING, ARK.		12. CITIZEN OF WHAT COUNTRY U.S.A.		IF UNDER 1 YEAR Months Days Hours Min.	
13a. FATHER'S NAME JOHN ALLEN MICHAELS			13b. MOTHER'S MAIDEN NAME MARY JANE HAZELWOOD			14. NAME OF HUSBAND OR WIFE EMMA MILKE			
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. 432-07-1862		17. INFORMANT MRS. JOHN MICHAELS, MAMMOTH SPRING, ARK.				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. due to (b) Cerebral Hemorrhage & Hemiplegia RT due to (c) Acute Pulmonary Edema								INTERVAL BETWEEN ONSET AND DEATH	
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 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 20-3-60 to 5 Apr 1960 and last saw him alive on 4-4-60 Death occurred at 12:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Beatrice Cook</i> (Degree or title) M.D.				22b. ADDRESS West Plains, Mo.		22c. DATE SIGNED 10 Apr 60			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-8-1960		23c. NAME OF CEMETERY OR CREMATORY MOTEN CEMETERY		23d. LOCATION (City, town, or county) (State) MAMMOTH SPRING, ARK.			
24. FUNERAL DIRECTOR <i>Glenn C. West Plains, Mo.</i> ADDRESS				25. DATE RECD. BY LOCAL REG. 4-13-60		26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 6 T

STATEMENT BY LICENSED EMBALMER

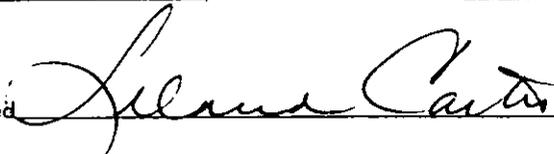
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____

or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____



Licensed Embalmer No. 4510

P.O. Address West Plains

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