

I RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018512

STATE FILE NUMBER

XC-1830612 REG. NO. A2311

Registration District No. 3007 Primary Registration District No. 289 Registrar's No.

NDSD
FILED VS. MAY 31 1960

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY GREENE		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 51 DAYS	c. CITY OR TOWN MARMADUKE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) BOX 502 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LEE Middle HENRY Last HASS			4. DATE OF DEATH Month MAY 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 3-14-95
9. AGE (last birthday) 65	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) SCHOOL TEACHER		10b. KIND OF BUSINESS OR INDUSTRY EDUCATION		11. BIRTHPLACE (City and state or country) PARAGOULD, ARKANSAS
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME GEORGE W. HASS		
13b. MOTHER'S MAIDEN NAME ANNIE C. LEE		14. NAME OF HUSBAND OR WIFE VASHTI J. HASS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 431424675	17. INFORMANT Address ARK. VASHTI HASS, WIFE, BOX 502, MARMADUKE,	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF RECTUM WITH WIDESPREAD METASTASES.				INTERVAL BETWEEN ONSET AND DEATH 5 YEARS.
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)			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 checked="" 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
VA	March 28, 1960	May 18, 1960	her	
21. I attended the deceased from March 28, 1960 to May 18, 1960 and last saw him at 12:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>C. W. Gaskins</i> C. W. GASKINS, M.D., Chief, Surgical Svc. VA Hospital, Poplar Bluff, Mo.		22b. ADDRESS VA Hospital, Poplar Bluff, Mo.		22c. DATE SIGNED 5/18/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/20/60	23c. NAME OF CEMETERY OR CREMATORY Harvey's Chapel	23d. LOCATION (City, town, or county) (State) Marmaduke, Greene Co, Ark	
24. FUNERAL DIRECTOR HEATH FUNERAL HOME, PARAGOULD, ARK.		ADDRESS	25. DATE RECD. BY LOCAL REG. 5/19/60	26. REGISTRAR'S SIGNATURE <i>R. H. Huethe</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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  _____

Arkansas Licensed Embalmer No. 1054

P. O. Address Paragould, Ark

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