

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018992

LED VS MAY 31 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 590

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Greene</b>	a. STATE <b>Arkansas</b>		b. COUNTY <b>Carroll</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield, Missouri</b>	Length of stay in 1b <b>Week</b>	c. CITY OR TOWN <b>Green Forest</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>D. K.</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>CHARLIE S. ANDERSON</b>			4. DATE OF DEATH Month Day Year <b>May 19, 1960</b>		
5. SEX <b>Male</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>3/1/1884</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Berryville, Arkansas</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Pete Anderson</b>		13b. MOTHER'S MAIDEN NAME <b>Ellie Ferguson</b>		14. NAME OF HUSBAND OR WIFE <b>Ethel Anderson</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>		16. SOCIAL SECURITY NO. <b>431725030</b>	17. INFORMANT Address <b>Ethel Anderson, Green Forest, Ark.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Massive pulmonary embolism (site of origin of embolus not determined)</b>		<b>Minutes</b>
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. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Springfield, Missouri</b>	COUNTY <b>Carroll</b>	STATE <b>Arkansas</b>
21. I attended the deceased from <b>5/12/60</b> to <b>5-19-60</b> and last saw her/him alive on <b>5/18/60</b> Death occurred at <b>6:40 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <b>Andrew C. Baker M.D.</b>	22b. ADDRESS <b>Springfield, Missouri</b>	22c. DATE SIGNED <b>5/23/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/23/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Yocum Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Carroll Co. Arkansas</b>

24. FUNERAL DIRECTOR <b>Nelson Funeral Home-Berryville, Ark.</b>	ADDRESS <b>5-27-60</b>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <b>Effie G. Melton</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harry Ayre

Licensed Embalmer No. 459

P. O. Address. Springfield

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.