

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

XC-20813066 REG. NO. 1017

REG. NO. 1017

Primary Registration District No. 3007

Registrar's No. 336

=60=022440

STATE FILE NUMBER

FILED VS JUN 20 1960

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b 17 DAYS	c. CITY OR TOWN WALNUT RIDGE 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 type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE TWO Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WALTER Middle LEE Last HOUSDAN			4. DATE OF DEATH Month MAY Day 24 , Year 1960	
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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 2-29-04	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC	10b. KIND OF BUSINESS OR INDUSTRY AUTOMOTIVE	11. BIRTHPLACE (City and state or country) LAWRENCE CO., ARKANSAS	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME WILLIAM HOUSDAN	13b. MOTHER'S MAIDEN NAME MARTHA GALBREADTH	14. NAME OF HUSBAND OR WIFE BERTIE HOUSDAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address BERTIE HOUSDAN, WIFE, WALNUT RIDGE, ARK.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE.		INTERVAL BETWEEN ONSET AND DEATH 1 WEEK
DUE TO (b) CORONARY ARTERIOSCLEROSIS.		
DUE TO (c)		3 YEARS.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) THROMBUS AT BIFURCATION OF AORTA.	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
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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.)
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20c. TIME OF INJURY Hour 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 VA	COUNTY	STATE
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21. attended the deceased from May 7, 1960 to May 24, 1960		her name
Death occurred at 5:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE R. D. TURNER, M.D., Actg. Chief, Medical Svc. VA Hospital, Poplar Bluff, Mo.	22b. ADDRESS	22c. DATE SIGNED 6/2/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 26 1960	23c. NAME OF CEMETERY OR CREMATORY Lawrence Memorial Park	23d. LOCATION (City, town, or county) (State) Walnut Ridge, Ark.
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24. FUNERAL DIRECTOR Bryan Funeral Home Hoxie, Ark.	25. DATE RECD. BY LOCAL REG. 6/10/60	26. REGISTRAR'S SIGNATURE R. Muetter
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By **W.C. Bryan** (Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUN 20 1960

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 W.C. Bryan

Arkansas Licensed Embalmer No. 481
P.O. Address Hoxie, Arkansas

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.