

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-041190

STATE FILE NUMBER

FILED VS NOV 28 1960 43

Primary Registration District No. 3007

Registrar's No. 625

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 lb 101 DAYS		c. CITY OR TOWN PARAGOULD		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 ADMINISTRATION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) GENERAL DELIVERY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CARROL DOSS HARRIS				4. DATE OF DEATH Month Day Year NOVEMBER 10, 1960				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/25/19	9. AGE (last birthday) 40	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) BEEBE, ARKANSAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME GROVER C. HARRIS			13b. MOTHER'S MAIDEN NAME CARRIE DOSS			14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWII		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address CHARLES HARRIS, BROTHER, PARKIN, ARK.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LAENNEC CIRRHOSIS, ADVANCED.							INTERVAL BETWEEN ONSET AND DEATH 27 Months.	
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) CHRONIC BRAIN SYNDROME.						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 Death occurred at 3:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.	AUGUST 1, 1960		to NOV. 10, 1960		and last saw her alive on			
22a. SIGNATURE (Degree or title) ERNEST M. TAPP, M.D., Dir., Prof. Svcs.			22b. ADDRESS VA Hospital, Poplar Bluff, Mo.			22c. DATE SIGNED 11/14/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/14/60	23c. NAME OF CEMETERY OR CREMATORY Beebe		23d. LOCATION (City, town, or county) Beebe, Arkansas		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS HEATH FUNERAL HOME, Paragould, Ark.			25. DATE RECD. BY LOCAL REG. 11/18/60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 10 1961

FEB 21 1961

**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 W.B. Walker, Jr.

Arkansas Licensed Embalmer No. 1054

P. O. Address Paragould, A

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.