

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020558
STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 179
FILED JUL 12 1961

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY SHARPE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN HARDY	
Length of stay in 1b 12 DAYS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		d. STREET ADDRESS (If outside, give location) NONE	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JESSE Middle LEWIS Last RYAN	4. DATE OF DEATH Month JUNE Day 28 Year 1961
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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 2-10-93	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) HARRISON, ARKANSAS	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME OWEN WINFRED	13b. MOTHER'S MAIDEN NAME MAE HAYS	14. NAME OF HUSBAND OR WIFE ANNA RYAN
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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 11/01/09 to 9/18/12	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO.
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	THROMBOSIS CEREBRAL ARTERIES WITH RIGHT HEMIPLEGIA AND MOTOR APHASIA.	
DUE TO (b)	GENERALIZED ARTERIOSCLEROSIS.	
DUE TO (c)	CEREBRAL ARTERIOSCLEROSIS.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PNEUMONITIS	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 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.) VA	20f. CITY, TOWN, OR LOCATION JUNE 16, 1961 to JUNE 28, 1961	COUNTY SHARPE	STATE ARKANSAS
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21. I attended the deceased from JUNE 16, 1961 to JUNE 28, 1961 and last saw him/her alive on JUNE 28, 1961 Death occurred at 10:18 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Robert S. Cohen, M.D., Chief, Medical Svc. VA Hospital, Poplar Bluff, Mo.	22b. ADDRESS VA Hospital, Poplar Bluff, Mo.	22c. DATE SIGNED 6/30/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 30, 1961	23c. NAME OF CEMETERY OR CREMATORY Wiles Cemetery	23d. LOCATION (City, town, or county) (State) Ash Flat, Arkansas
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24. FUNERAL DIRECTOR Higginbotham Funeral Ser. Hardy,	ADDRESS Hardy,	25. DATE RECD. BY LOCAL REG. 7/11/1961	26. REGISTRAR'S SIGNATURE Helma Graham
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 12 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 me,
or by J. W. Best, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____



Licensed Embalmer No. 3631

P. O. Address Hardy, Ark.

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