

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-020567

Registration District No. 43Primary Registration District No. 3007Registrar's No. 105

STATE FILE NUMBER

AMENDED

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		c. CITY OR TOWN BLACK ROCK	
Length of stay in lb 6 DAYS		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		d. STREET ADDRESS (If outside, give location) NONE	
3. NAME OF DECEASED (Type or print) First Middle Last EDMOND LUTHER WIRT		4. DATE OF DEATH Month Day Year JUNE 12, 1961	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/9/89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	9. AGE (last birthday) 72
11. BIRTHPLACE (City and state or country) LYNN, ARKANSAS		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME MORT WIRT		13b. MOTHER'S MAIDEN NAME ELIZABETH HARDIN	
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 WWI	
17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) CEREBRAL EDEMA.		INTERVAL BETWEEN ONSET AND DEATH 2 Days	
DUE TO (b) CEREBRAL ARTERIOSCLEROSIS.		Unknown	
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal illness condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
1. GENERALIZED ARTERIOSCLEROSIS. 2. MYOCARDIAL FIBROSIS.		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
3. ADHESIONS, PERITONEAL. 4. ULCERATIONS, SUPERFICIAL, STOMACH, ACUTE.			
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 _____	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.) VA	20f. CITY, TOWN, OR LOCATION VA	COUNTY _____ STATE _____
21. I attended the deceased from June 6, 1961 to June 12, 1961 and last saw her alive on _____		Death occurred at 12:12 PM m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Ernest M. Tapp, M.D., Director, Prof. Svcs, VA Hospital, Poplar Bluff, Mo.		22b. ADDRESS _____	22c. DATE SIGNED 6/14/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/14/61	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery	23d. LOCATION (City, town, or county) (State) Lynn, Arkansas
24. FUNERAL DIRECTOR Bryan Funeral Home	ADDRESS Hoxie, Ark.	25. DATE RECD. BY LOCAL REG. 6/28/1961	26. REGISTRAR'S SIGNATURE Thelma Graham

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 me
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W.C. Bryan
Ark Licensed Embalmer No. 481
P. O. Address Hoxie, C

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.