

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024280

STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 170

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		c. CITY OR TOWN PARAGOULD	
Length of stay in 1b 5 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) 615 SOUTH 3RD STREET	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT ALLISON WHITE			4. DATE OF DEATH Month Day Year JUNE 28, 1961
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 9-22-93
9. AGE (last birthday) 67		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) WATCH MAKER		10b. KIND OF BUSINESS OR INDUSTRY WATCHMAKING	11. BIRTHPLACE (City and state or country) FORREST CITY, ARK.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME LONNIE WHITE	
13b. MOTHER'S MAIDEN NAME ANNIE HUGHES		14. NAME OF HUSBAND OR WIFE CARRIE WHITE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO.	
17. INFORMANT VA HOSPITAL RECORDS, POPLAR BLUFF, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION.			INTERVAL BETWEEN ONSET AND DEATH 12 Days
DUE TO (b) CORONARY OCCLUSION			
DUE TO (c) CORONARY ARTERIOSCLEROSIS.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARDIAC DECOMPENSATION.			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 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.) VA		20f. CITY, TOWN, OR LOCATION VA Hospital, Poplar Bluff, Mo.	
20g. COUNTY		20h. STATE	
21. I attended the deceased from June 23, 1961 to June 28, 1961 and last saw her alive on Death occurred at 10:23 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE DAVID W. MITCHELL, M.D., Actg. Pathologist		22b. ADDRESS VA Hospital, Poplar Bluff, Mo.	
22c. DATE SIGNED		22d. SIGNATURE	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6-29-61	23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens	23d. LOCATION (City, town, or county) (State) Paragould, Arkansas
24. FUNERAL DIRECTOR Mitchell Funeral Home Paragould, Arkansas		25. DATE RECD. BY LOCAL REG. 7/11/1961	26. REGISTRAR'S SIGNATURE Shelma Graham

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 17 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Randall L. Mitchell

Licensed Embalmer No. 373 Ark. Lic.

P. O. Address Pragould 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.