

## OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045727

AMENDED

Registration District No. 264

Primary Registration District No. \_\_\_\_\_

Registrar's No. 47

STATE FILE NUMBER

FILED JAN 2 1962

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gainesville</u>		Length of stay in 1b <u>25 years</u>		c. CITY OR TOWN <u>Gainesville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence-Hwy.160 W.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Hwy. #160 West.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Annie</u> Middle <u>Plumlee</u> Last <u>Bayless</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>21,</u> Year <u>1961</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Caucasian</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 14, 78</u>		9. AGE (last birthday) <u>83</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Domesticity</u>		11. BIRTHPLACE (City and state or country) <u>Marion Co, Arkansas</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Isaac Plumlee</u>				13b. MOTHER'S MAIDEN NAME <u>Caroline</u>				14. NAME OF HUSBAND OR WIFE <u>Widowed</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mrs. Walsie Taylor, Mtn. Home, Ark.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>coronary vessel occlusion</u> DUE TO (c) <u>Arteriosclerosis -</u>										INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										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 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.)									
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 <u>7-14-60</u> , to <u>12-21-61</u> and last saw him alive on <u>12-18-61</u> Death occurred at <u>7:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Arthur L. Bean</u> (Degree or title)						22b. ADDRESS <u>Gainesville, Mo</u>			22c. DATE SIGNED <u>12-23-61</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 23, '61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Promise Land Cemetery</u>			23d. LOCATION (City, town, or county) <u>Marion Co., Arkansas</u>			(State)			
24. FUNERAL DIRECTOR <u>Roller Funeral Home, Mtn. Home, Ark.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12-29-61</u>		26. REGISTRAR'S SIGNATURE <u>Thane Mahan</u>					

(Licensed Embalmer's Statement on Reverse Side)

DATE ADMITTED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 Jim F. McClure

Licensed Embalmer No. 5104

P. O. Address Mtn. Home, 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.