

MAINLY WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Certificate Number

ARKANSAS STATE DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

REGISTRATION DISTRICT No. _____

1. PLACE OF DEATH A. COUNTY PULASKI		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RES. BEFORE ADM) A. STATE ARKANSAS B. COUNTY POINSETT	
B. CITY, TOWN, OR LOCATION JACKSONVILLE		C. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
D. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL, GIVE STREET ADDRESS) REBSAMEN MEMORIAL HOSPITAL		E. STREET ADDRESS 537 SMITH STREET	
3. NAME OF DECEASED FIRST MIDDLE LAST (TYPE OR PRINT) CLARA WHITE		4. DATE OF DEATH MONTH DAY YEAR HOUR JANUARY 30, 1977 10:20 M	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SOCIAL SECURITY NUMBER 307-36-0470	8. DATE OF BIRTH 1-1-1887
9. AGE (IN YRS. LAST BIRTHDAY) 90		10A. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) HOUSEWIFE	10B. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY) CARDWELL, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
15. FATHER — NAME DUBARD		16. MOTHER — MAIDEN NAME UNKNOWN	
INFORMANT — NAME 17A. JAMES T. WHITE		MAILING ADDRESS (STREET OR R.F.D. No., CITY OR TOWN, STATE, ZIP) 17B. 537 SMITH ST. TRUMANN, ARK. 72472	

CAUSE	PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	18. IMMEDIATE CAUSE			
	(A) _____ CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST			
	(B) _____ DUE TO, OR AS A CONSEQUENCE OF:			
(C) _____ DUE TO, OR AS A CONSEQUENCE OF:				
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)				19A. AUTOPSY (YES OR NO)
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)				19B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?
20A. DATE OF INJURY (MONTH, DAY, YEAR)	20B. HOUR	20C. M.	20D. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20E. INJURY AT WORK (SPECIFY YES OR NO)	20F. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. SPECIFY)	20G. LOCATION (STREET OR R.F.D. No., CITY OR TOWN, STATE)		

CERTIFIER	CERTIFICATION—PHYSICIAN:			AND LAST SAW HIM/HER ALIVE OR	I DID/DID NOT VIEW THE	DEATH OCCURRED	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED
	21A. DECEASED FROM	21B. TO	21C. DAY YEAR	MONTH DAY YEAR	BODY AFTER DEATH.	(HOUR)	OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED
	22A. SIGNATURE			22B. HOUR OF DEATH	22C. THE DECEDENT WAS PRONOUNCED DEAD		
	DEGREE OR TITLE			MONTH DAY YEAR	MONTH DAY YEAR		
23A. SIGNATURE			23B. CERTIFIER—NAME (TYPE OR PRINT)	23C. DATE SIGNED (MONTH, DAY, YEAR)			
23A. SIGNATURE			23B. CERTIFIER—NAME (TYPE OR PRINT)	23C. DATE SIGNED (MONTH, DAY, YEAR)			
23D. MAILING ADDRESS—CERTIFIER			23E. STREET OR R.F.D. No.	23F. CITY OR TOWN	23G. STATE	23H. ZIP	
24A. BURIAL, CREMATION, REMOVAL (SPECIFY)			24B. CEMETERY OR CREMATORY—NAME		24C. LOCATION CITY OR TOWN STATE		
24D. DATE			24E. FUNERAL DIRECTOR—SIGNATURE AND ADDRESS				
24D. DATE			24E. FUNERAL DIRECTOR—SIGNATURE AND ADDRESS				
26. EMBALMER—SIGNATURE (IF BODY EMBALMED)			LICENSE NUMBER	27. DATE REC'D BY LOCAL REG.	28. REGISTRAR'S SIGNATURE		

CERTIFICATE NOT LEGAL UNLESS IT BEARS STATE SEAL AND SIGNATURE OF STATE REGISTRAR