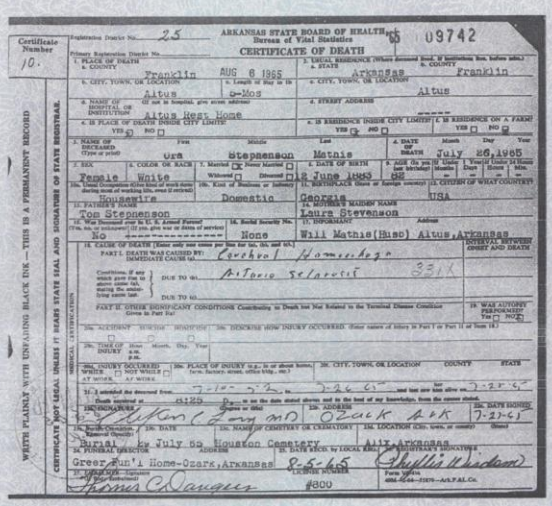
STATE OF ARKANSAS

Certificate Number 10.

Registration District No. 25



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

65 09742

Primary Registration District No.

1. PLACE OF DEATH a. COUNTY: Franklin — AUG 6 1965
2. USUAL RESIDENCE (Where deceased lived. If institutions, then before admit.) a. STATE: Arkansas — b. COUNTY: Franklin
b. CITY, TOWN, OR LOCATION: Altus — c. Length of Stay in 1b: 5-Mos
c. CITY, TOWN, OR LOCATION: Altus
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Altus Rest Home
d. STREET ADDRESS: ----
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒
3. NAME OF DECEASED (Type or print): First: Ora — Middle: Stephenson — Last: Mathis
4. DATE OF DEATH: Month: July — Day: 26 — Year: 1965
5. SEX: Female — 6. COLOR OR RACE: White — 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12 June 1885 — 9. AGE (In yrs. last birthday): 82 — 10. Under 1 Month: Days — Hours — Min.
10a. Usual Occupation (Give kind of work done during most of working life, even if retired): Housewife — 10b. Kind of Business or Industry: Domestic
11. BIRTHPLACE (State or foreign country): Georgia — 12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Tom Stephenson
14. MOTHER'S MAIDEN NAME: Laura Stevenson
15. Was Deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. Social Security No.: None
17. INFORMANT: Will Mathis (Husb) — Address: Altus, Arkansas

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 Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any which gave rise to above cause (a), stating the underlying cause last: DUE TO (b): Arterio Sclerosis — 3 Mk
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS Contributing to Death but Not Related to the Terminal Disease Condition Given in Part 1a:
19. WAS AUTOPSY PERFORMED? Yes ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 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 ☐ NOT WHILE AT WORK ☐ — 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 7-10-65 to 7-26-65 and last saw him alive on 7-28-65
Death occurred at 8:25 p.m. on the date stated above and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Jeffers C Long MD — 22b. ADDRESS: Ozark Ark — 22c. DATE SIGNED: 7-27-65
23a. Burial, Cremation, Removal Opposite: Burial — 23b. DATE: 29 July 65 — 23c. NAME OF CEMETERY OR CREMATORY: Houston Cemetery — 23d. LOCATION (City, town, or county): Altz, Arkansas
24. FUNERAL DIRECTOR: Greer Fun'l Home-Ozark, Arkansas — ADDRESS — 25. DATE REC'D. by LOCAL REG.: 8-5-65 — 26. REGISTRAR'S SIGNATURE: Phyllis Wisdom
27. LICENSE NUMBER: #800 — Form 1004A (Rev. 6-64—75270—Ark.F.&L.Co.)
28. Thomas C. Dangers

WRITE PLAINLY WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

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

MEDICAL CERTIFICATION

ARKANSAS DEPARTMENT OF HEALTH SEAL LITTLE ROCK, ARK.

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THE ARKANSAS DEPARTMENT OF HEALTH.

APR -6 98

Henry C. Robinson, Jr.
Henry C. Robinson, Jr.
State Registrar

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