

STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH
Division of Vital Records
CERTIFICATE OF DEATH

TYPE PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

NAME OF DECEDENT: For use by physician or registrar
SEE INSTRUCTIONS ON OTHER SIDE

PARENTS

INFORMANT

DISPOSITION

SEE INSTRUCTIONS ON OTHER SIDE

CAUSE OF DEATH

CERTIFIER

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) **Ella Lee Boston** SEX **Female** 2. DATE OF DEATH (Month, Day, Year) **October 19, 1997**

3. SOCIAL SECURITY NUMBER **432-30-5966** 4a. AGE - Last Birthday (Years) **76** 4b. UNDER 1 YEAR (Months) **7** 4c. UNDER 1 DAY (Days) **0** 4d. UNDER 1 DAY (Hours) **0** 4e. UNDER 1 DAY (Minutes) **0** 5. DATE OF BIRTH (Month, Day, Year) **November 6, 1920** 6. BIRTHPLACE (City and State or Foreign Country) **Center Ridge, Arkansas**

7. WAS DECEDENT EVER IN U.S. ARMED FORCES (Yes or No) **No** 8. PLACE OF DEATH (Check only one) Inpatient Outpatient FIDOA Other Nursing Home Residence Other (Specify)

9a. FACILITY NAME (If not institution, give street and number) **2704 Highway 9** 9b. CITY, TOWN, OR LOCATION OF DEATH **Morrilton** 9c. COUNTY OF DEATH **Conway**

10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) **Married** 11. SURVIVING SPOUSE (If wife, give maiden name) **Orville S. Boston** 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **Homemaker** 12b. KIND OF BUSINESS/INDUSTRY **Own Home**

13a. RESIDENCE - STATE **Arkansas** 13b. COUNTY **Conway** 13c. CITY, TOWN, OR LOCATION **Morrilton** 13d. STREET AND NUMBER **2704 Highway 9**

14. INSIDE CITY LIMITS? (Yes or No) **No** 15. ZIP CODE **72110** 16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) **No** 17. RACE - American Indian, Black, White, etc. (Specify) **White** 18. DECEDENT'S EDUCATION (Specify only highest grade completed) **10**

19. FATHER'S NAME (First, Middle, Last) **Ervin Williams** 20. MOTHER'S NAME (First, Middle, Maiden Surname) **Ella Cross**

21. INFORMANT'S NAME (Type/Print) **Orville S. Boston** 22. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **2704 Highway 9 Morrilton, Arkansas 72110**

23. METHOD OF DISPOSITION Burial Cremation Removal from State Donation Other (Specify)

24. DATE OF DISPOSITION (Month, Day, Year) **October 23, 1997** 25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **Pleasant Hill Cemetery** 26. LOCATION - City or Town, State **Near Center Ridge, AR**

27. SIGNATURE OF EMBALMER **Maurice Syster** 28. LICENSE NUMBER **1966** 29. NAME AND ADDRESS OF FUNERAL HOME **Harris Funeral Home, Inc. P.O. Box 191, Morrilton, AR 72110** 30. LICENSE NUMBER **086**

31. PART I: Enter the disease, injury, or complication that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause for each line.
IMMEDIATE CAUSE (Final disease or condition resulting in death) **Unknown natural causes**
DUE TO (OR AS A CONSEQUENCE OF)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
diabetes, seizures, CHD

32. 24. WAS AN AUTOPSY PERFORMED? (Yes or No) **No** 25. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) **No**

33. 26. MANNER OF DEATH Natural Accident Homicide Suicide Could not be Determined Pending Investigation 27. DATE OF INJURY (Month, Day, Year) 28. TIME OF INJURY 29. INJURY AT WORK? (Yes or No) **M**

34. 30. DESCRIBE HOW INJURY OCCURRED

35. 31. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 32. LOCATION (Street and Number or Rural Route Number, City or Town, State)

36. 33. TIME OF DEATH **5:00 p.m.** 34. DATE PRONOUNCED DEAD (Month, Day, Year) **October 19, 1997** 35. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) **No coroner**

37. 36. MEDICAL EXAMINER or CORONER Only On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) and manner as stated. Signature and Title **Sandra S. Samoyedny** 37. DATE SIGNED (Month, Day, Year) **10-24-97**

38. 38. CERTIFYING PHYSICIAN or REGISTERED NURSE (Nursing only) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. Signature and Title 39. DATE SIGNED (Month, Day, Year)

40. 40. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) **Sandra S. Samoyedny - P.O. Box 470 - Plumerville, AR 72127**

41. 41. REGISTRAR'S SIGNATURE **Sherrin York, D.R.** 42. DATE FILED (Month, Day, Year) **October 24, 1997**

NOT OFFICIAL
This Document is the property of
the Lake County Recorder

FILED

AUG 2 2000

PETER BENJAMIN
LAKE COUNTY



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

OCT 24 1997

Henry D. Robinson, Jr.
State Registrar

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