TYPE / PRINT IN PERMANENT BLACK INK. SEE INSTRUCTIONS

ARKANSAS DEPARTMENT OF HEALTH
Vital Records
CERTIFICATE OF DEATH

To Be Completed / Verified by FUNERAL DIRECTOR

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): Handy Evans Stinson
2. SEX: M
3a. DATE OF DEATH (Mo/Day/Yr): Aug. 23, 2010
3b. TIME OF DEATH: 9:51 ☒ AM ☐ PM
4. SOCIAL SECURITY NO.: [redacted]
5a. AGE – Last Birthday (Years): 85
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo/Day/Yr): May 16, 1925
7. BIRTHPLACE (City and State or Foreign Country): Columbiana, AL
8a. RESIDENCE STATE or FOREIGN COUNTRY: Arkansas
8b. COUNTY: Pulaski
8c. CITY OR TOWN: Little Rock
8d. NUMBER AND STREET: #2 Brookfield Cove
8e. APT. NO.:
8f. ZIP CODE: 72205
8g. INSIDE CITY LIMITS? ☒ Yes ☐ No
9. EVER IN US ARMED FORCES? ☒ Yes ☐ No
10. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Widowed ☐ Never Married ☐ Married, but Separated ☐ Divorced ☐ Unknown
11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage.): Gene Josie Twitty
12a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Emergency Room / Outpatient ☐ Dead on Arrival
12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☒ Decedent's Home ☐ Hospice Facility ☐ Nursing Home / Long Term Care Facility ☐ Other (Specify)
12c. COUNTY OF DEATH: Pulaski
12d. FACILITY NAME (If not institution, give number & street): #2 Brookfield Cove
12e. CITY OR TOWN: Little Rock
12f. ZIP CODE: 72205
13. FATHER'S NAME (First, Middle, Last): Thomas Cleburn Stinson
14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Belle MacGibboney
15a. INFORMANT'S NAME: Gene Josie Stinson
15b. RELATIONSHIP TO DECEDENT: Wife
15c. MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code): #2 Brookfield Cove, Little Rock, AR 72205
16a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Forest Hills Cemetery
16c. LOCATION – CITY, TOWN, AND STATE: Alexander, AR
17a. EMBALMER'S NAME: Blake Ruff ☐ Not Embalmed
17b. EMBALMER'S LICENSE #: 2265
17c. SIGNATURE (FUNERAL SERVICE LICENSEE OR OTHER AGENT):
17d. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: Ruebel Funeral Home 6313 W. Markham St., Little Rock, AR 72205
17e. LICENSE #: 63

NAME OF DECEDENT Handy Evans Stinson
For use by Initiator of Death Certificate

18a. DATE PRONOUNCED DEAD (Mo/Day/Yr): August 23, 2010
18b. TIME PRONOUNCED DEAD: 9:51 ☒ AM ☐ PM
18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE): Garland Comper Pulaski Co. Coroner
19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☒ Yes ☐ No

To Be Completed / Verified by MEDICAL CERTIFIER

CAUSE OF DEATH

20. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. End Stage Congestive Heart Failure — Due to (or as a consequence of)

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. — Due to (or as a consequence of)

c. — Due to (or as a consequence of)

d.

APPROXIMATE INTERVAL: Onset to Death: March, 2010

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

21a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

22. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined

23. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown

24. IF FEMALE: ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within last year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death

25a. DATE OF INJURY (Mo/Day/Yr)
25b. TIME OF INJURY ☐ AM ☐ PM
25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
25d. INJURY AT WORK? ☐ Yes ☐ No
25e. LOCATION OF INJURY: (Number, Street, Apartment No., City, State, Zip Code)
25f. DESCRIBE HOW INJURY OCCURRED
25g. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver / Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

26a. CERTIFIER (Check only one):
☐ Certifying Physician – To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Pronouncing & Certifying Physician – To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☐ Medical Examiner – On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the causes(s) and manner stated.
☐ Coroner – On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the causes(s) and manner stated.
☒ Hospice Registered Nurse - To the best of my knowledge, death occurred due to the cause(s) and manner stated.

SIGNATURE: Brenda Lockhart TITLE: RN DATE: August 23 2010 (Mo/Day/Yr)

26b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a. (Type / Print): Brenda Lockhart 2200 S. Bowman Ln, AR 72211
26c. LICENSE #: 0135

27a. SIGNATURE OF REGISTRAR: Marilyn Smith, Registrar
27b. FOR REGISTRAR ONLY - DATE FILED (Mo/Day/Yr): August 25, 2010

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.

AUG 25 2010

Mischelle Priebe
Mischelle Priebe
State Registrar

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE ARKANSAS DEPARTMENT OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

2493398
VR-112

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.