

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 773

Primary Registration District No. 6023

Registrar's No. 91

1. PLACE OF DEATH:
 (a) County St Francois Co
 (b) City or town Clinton Mo
 (c) Name of hospital or institution: Pendleton Top Lodge
 (d) Length of stay: In hospital or institution _____
 In this community Ten years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St Francois
 (c) City or town Rural
 (d) Street No. Clinton Mo
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Rose Addington Arnoldi
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 21st
 year 1940 hour 4:00 a.m. minute 15 a.m.

4. Sex Female 5. Color or race white
 6. (a) Single divorced _____
 6. (b) Name of husband or wife Otto Arnoldi
 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased Oct 5 1865

21. I hereby certify that I attended the deceased from Apr 20 1940 to Apr 20 1940
 that I last saw her alive on Apr 20 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 6 Days 16
 If less than one day hr. _____ min. _____

Immediate cause of death General arteriosclerosis
 Due to congestion of foot
 Due to prolonged sitting
 Other conditions None as possible
 (Include pregnancy within 3 months of death)

9. Birthplace _____
 10. Usual occupation Housewife
 11. Industry or business wash
 12. Name George Addington
 13. Birthplace Ind.
 14. Maiden name Kelly
 15. Birthplace Ind.

Other conditions _____
 Major findings: 5.1
 Of operations _____
 Of autopsy _____

16. (a) Informant's own signature Otto Arnoldi
 (b) Address Clinton Mo
 17. (a) Burial (b) Date thereof Apr 22 1940
 (c) Place: burial or cremation odd fellow home Farmington
 18. (a) Signature of funeral director Wendert Wood Co.
 (b) Address Farmington Mo
 19. (a) Apr 22-40 (b) T. J. Robinson

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 (e) Means of injury _____
 23. Signature R. J. Robinson (M. D. or other) _____
 Address Clinton Mo Date signed Apr 22 40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 me

working under my personal supervision. _____, Registered Apprentice No. Chidert wood CO

Signed C J Floyd

Licensed Embalmer No. 3527

P. O. Address Farmington N

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 this body is not embalmed, above space should be left blank.