

FILED AUG 16 1949

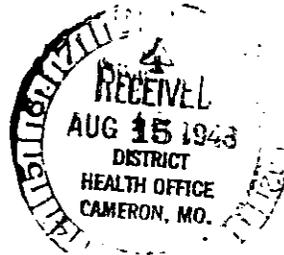
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27876

State File No. _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>5704</u>		Registrar's No. <u>101</u>		
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Wheeling Twp.</u>		c. LENGTH OF STAY (In this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wheeling Twp.</u>		<u>59</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles north of Wheeling</u>				d. STREET ADDRESS (If rural, give location) <u>4 miles north of Wheeling</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>		b. (Middle) <u>Lawrence</u>		c. (Last) <u>Arthaud</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5, 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 19, 1884</u>		
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>New Market, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John B. Arthaud</u>			13b. MOTHER'S MAIDEN NAME <u>Annazell a O'Dell</u>			14. NAME OF HUSBAND OR WIFE <u>Clo Edith Head</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. F. L. Arthaud; Wheeling, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Progressive Heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 mon</u> <u>1/22/1</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>June 21, 1949</u> , to <u>Aug 5, 1949</u> , that I last saw the deceased alive on <u>Aug 5, 1949</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. L. Bryson</u> (Degree or title) <u>DO</u>				23b. ADDRESS <u>Wheeling, Mo</u>		23c. DATE SIGNED <u>8-6-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-8-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u>		24d. LOCATION (City, town, or county) (State) <u>Wheeling, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-6-49</u>		REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Mo.</u>				



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 _____

..... Joseph M. Gibson Student Embalmer No. 305
working under my personal supervision.

Student Joseph M. Gibson
Student Embalmer

Signed Edwin S. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Mo.

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, fact should be so stated above.