

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34678

State File No. _____

FILED NOV 12 1949

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5940 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Liberty Twp. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Flat - Liberty Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Flat</u>		d. STREET ADDRESS (If rural, give location) <u>Flat</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>CHRISTOPHER</u>	c. (Last) <u>ARTHUR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 30 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan-1-1912</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garages</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Phelps County MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Richard Arthur</u>	13b. MOTHER'S MAIDEN NAME <u>Do not know</u>	14. NAME OF HUSBAND OR WIFE <u>Ella Blumberg Arthur</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>W C Arthur</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure Due to Cardiac vascular Peril Disease</u>		<u>36 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Senile Debility</u>			<u>142X</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from April 25, 1945, to Oct 27, 1949, that I last saw the deceased alive on Oct 27, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard C. Myers D.O.</u>	(Degree or title) _____	23b. ADDRESS <u>Newburg Missouri</u>	23c. DATE SIGNED <u>11-3-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>Nov-1-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cornacreek</u>	24d. LOCATION (City, town, or county) (State) <u>Flat - MO. Phelps Co.</u>
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DATE REC'D BY LOCAL REG. <u>11-8-49</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u>	ADDRESS <u>Newburg MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

81
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RECEIVED

Phelps County Health Officer,

County File Number

Date Filed 11/19/49

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.....

..... ~~Student Embalmer~~ No.

working under my personal supervision.

Student

Student Embalmer

Signed..... *Lee Johnson*

Licensed Embalmer No. 3392

P. O. Address *Newburg 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.