

FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **45**

0042

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY AUDRAIN			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MO b. COUNTY AUDRAIN		
b. CITY (If outside corporate limits, write RURAL and give town) MEXICO MO		c. LENGTH OF STAY (in this place) 40 yrs	c. CITY (If outside corporate limits, write RURAL and give township) MEXICO MO		d. STREET ADDRESS (If rural, give location) 821 WOODLAWN
d. FULL NAME OF HOSPITAL OR INSTITUTION 821-woodlawn			d. STREET ADDRESS (If rural, give location) 821 WOODLAWN		
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) P c. (Last) ARNOLD SR.			4. DATE OF DEATH (Month) (Day) (Year) 1 31 1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT 2 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Month Days
IF UNDER 1 HR. Hour Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY SHAMROCK MO	11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOHN W ARNOLD		13b. MOTHER'S MAIDEN NAME MARY SUSAN LAIL		14. NAME OF HUSBAND OR WIFE ANNIE A ARNOLD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓		16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Charles Arnold Jr Mexico MO ADDRESS _____		
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) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic degenerative myocarditis DUE TO (c) Generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____		
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) _____		21f. HOW DID INJURY OCCUR? _____
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 April 1 1945 , to Jan 31 1950 , that I last saw the deceased alive on Jan 28 1950 , and that death occurred at 6:30 m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Harry J. O'Brien M.D.			23b. ADDRESS 111 E. Morris - Mexico Mo		23c. DATE SIGNED Feb 2-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-1-50	24c. NAME OF CEMETERY OR CREMATORY FLM Wood	24d. LOCATION (City, town, or county) (State) MEXICO MO		
DATE REC'D BY LOCAL REG. Feb 1-1950		REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Charles Arnold Jr ADDRESS Mexico Mo		

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

MAR 21 1958

NOV 10 1953

APR 14 1958

RECEIVED FEB 6 1950
District Health Officer No.
District File Number 2-28-2
Date Filed FEB 6 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Charles V. Greening

Signed.....

Student Embalmer

Licensed Embalmer No. 4625

P. O. Address Mexico 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.