

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3363**

FILED JAN 21 1950

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **138**

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN JEFFERSON BRKS., MO. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PATTONVILLE | |
| c. LENGTH OF STAY (In this place) 4 days | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION VET ADM HOSPITAL | | | |

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|---|--|---|--|--|--|--|--|
| 3. NAME OF DECEASED a. (First) EVAN | | b. (Middle) E. | | c. (Last) ARNOLD | | 4. DATE OF DEATH (Month) (Day) (Year) January 15, 1950 | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED | | 8. DATE OF BIRTH 10/18/92 | |
| 9. AGE (In years last birthday) 57 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) DEXTER, MO. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME ALFRED ARNOLD | | 13b. MOTHER'S MAIDEN NAME ALICE GUTHRIE | | 14. NAME OF HUSBAND OR WIFE NONE | |

| | | | | | | | |
|---|--|-------------------------------------|--|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW YES WW-1 | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS | | | |
|---|--|-------------------------------------|--|--|--|--|--|

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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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBROVASCULAR ACCIDENT | | | | INTERVAL BETWEEN ONSET AND DEATH Unk. | |
| | | ANTECEDENT CAUSES Morbidity 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. | | | | 331X | |

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|---|--|--|--|---|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" 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 **1/12**, 19**50**, to **1/15**, 19**50**, and that death occurred at **10:50p.m.**, from the causes and on the date stated above.

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|--|--|---|--|--|--|
| 23a. SIGNATURE L. E. Stilwell (Degree or title) L. E. STILWELL, M.D., Chf. of Prof. Services | | 23b. ADDRESS VAH, Jefferson Barracks, Mo. | | 23c. DATE SIGNED 1-16-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-rail | | 24b. DATE 1/17/50 | | 24c. NAME OF CEMETERY OR CREMATORY To: Strickland-Rainey F.H. | |
| 24d. LOCATION (City, town, or county) (State) at: Dexter, Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOFFMEISTER, U. & L. CO. 7811 SO. BROADWAY - ST. LOUIS, MO. | | | |

DATE REC'D BY LOCAL REG. **JAN 16 1950** REGISTRAR'S SIGNATURE **Herbert R. Dombke** (Licensed Embalmer's Statement on Reverse Side)

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 _____

Harry J. Schumacher
Licensed Embalmer No. 2679

P. O. Address 7514 1/2 Broadway

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.