

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4479

State File No.

FILED MAR 13 1950

BIRTH NO. _____ REG. DIST. NO. 127 PRIMARY REG. DIST. NO. 2000 Registrar's No. 209

1346
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Miller Ozark</u>	
c. LENGTH OF STAY (in this place) <u>1 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sp. B. Baptist Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bess</u>		b. (Middle)	
c. (Last) <u>Arendahl</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-7-1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>3-31-1891</u>
9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR (Months) <u>11</u>	IF UNDER 24 HRS. (Days) <u>6</u>	IF UNDER 1 HRS. (Hours) <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Native</u>	
13a. FATHER'S NAME <u>John Atkinson</u>		13b. MOTHER'S MAIDEN NAME <u>Enebee Langdonne</u>	
14. NAME OF HUSBAND OR WIFE <u></u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-24-4116</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Norman Pruehall Miller</u>		ADDRESS <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes</u> ANTECEDENT CAUSES <u>Citruscous-Intero-Fistula</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Springfield Greene Mo</u>			
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>Jan 1, 1950</u> , to <u>3-7, 1950</u> , that I last saw the deceased alive on <u>3-7, 1950</u> , and that death occurred at <u>9 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Walter Smith M.D.</u>		23b. ADDRESS <u>Springfield Mo.</u>	
23c. DATE SIGNED <u>3-10-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-10-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>M. Morigan</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-11-50</u>		REGISTRAR'S SIGNATURE <u>W.E. Haverley md</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>S.R. Leiman</u>		ADDRESS <u>Miller Mo.</u>	

MA 32 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. B. Seiman
CE

Licensed Embalmer No. 3297

P. O. Address Miller 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.