

FILED JUN 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20823

0560

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5662 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Lewis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lewis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle Township		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle Township 056		d. STREET ADDRESS (If rural, give location) 0
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Victor c. (Last) Arnold			4. DATE OF DEATH (Month) (Day) (Year) 6 16 50		
5. SEX MALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10 16 1865		9. AGE (In years last birthday) 84
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) Columbia, Mo. 0		12. CITIZEN OF WHAT COUNTRY U. S. A
13a. FATHER'S NAME Thomas Arnold		13b. MOTHER'S MAIDEN NAME Eugenia Victor	14. NAME OF HUSBAND OR WIFE Carrie T. Arnold		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Egbert Arnold Hewitown, Mo.			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) valvular heart disease DUE TO (c) Arteriosclerotic Cardio-vascular disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. prolatic hypertrophy				INTERVAL BETWEEN ONSET AND DEATH 6 weeks ? ? 20 years
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) 42 21			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 6-12, 1950, to 6-16, 1950, that I last saw the deceased alive on 6-15, 1950, and that death occurred at 8:00 a. m., from the causes and on the date stated above.					
23a. SIGNATURE David M. Goussier (Degree or title)			23b. ADDRESS La Belle, Mo		23c. DATE SIGNED 6/17/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6/18/50	24c. NAME OF CEMETERY OR CREMATORY LA BELLE	24d. LOCATION (City, town, or county) (State) LA BELLE, MO.		
DATE REC'D BY LOCAL REG. 6-19-50	REGISTRAR'S SIGNATURE P. J. Gunning		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles S. Arnold, Jr. Hewitown, Mo.		

(Licensed Embalmers' Statement on Reverse Side)

OCT 19 1954

RECEIVED JUN 26 1950  
District Health Officer No. 1  
District File Number 6-50-103  
Date Filed JUN 26 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 *Charles S. Arnold, Sr.*

Licensed Embalmer No. *4667*

P. O. Address *Bewistown, 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.