U.S. No. 300
Rev. 10-48

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27527

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 289

0644

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0640
d. STREET ADDRESS (If rural, give location): R. R.# 1 (West Ely)

3. NAME OF DECEASED (Type or Print)
a. (First): DOLLIE
b. (Middle):
c. (Last): ARNOLD

4. DATE OF DEATH (Month) (Day) (Year): Aug. 14, 1950

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Sept. 10, 1867
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own- home
11. BIRTHPLACE (State or foreign country): Marion county, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Adam C. Helton
13b. MOTHER'S MAIDEN NAME: Mary Clark
14. NAME OF HUSBAND OR WIFE: Thomas B. Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: -----
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Laona Horton, R. 1, Hannibal

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): Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): damaged myocardium
DUE TO (c): general debility of the aged

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 4222

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/5/50, 19__, *to* 8/14/50 19__, *that I last saw the deceased alive on* 8/14/50, 19__, *and that death occurred at* 6:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. C. Sultzman M.D.
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: 8/16/50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8/16/50
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Hannibal, Mo.

DATE REC'D BY LOCAL REG.: 8-17-50
REGISTRAR'S SIGNATURE: Dr E M Lucke By WC Fisher Deputy
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Kathryn A Schwartz, Hannibal, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 17 1950
MARION CO. HEALTH DEPT.
DATE FILED AUG 19 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 Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Hannibal, 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.