

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39643

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 6237 Registrar's No. 15

109 d

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

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural Hickory-Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural Hickory-Grove</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Pierre</u> b. (Middle) <u>Mitchell</u> c. (Last) <u>Arnall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 15 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 7 1873</u>	9. AGE: (In years, last birthday) <u>77</u> Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Business</u>	11. BIRTHPLACE (State or foreign country) <u>Warren Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Richard Arnall</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Stoner</u>		14. NAME OF HUSBAND OR WIFE <u>Elma Arnall</u>	
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 ADDRESS <u>Elma Arnall Wright City 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Gastric Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 mo</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		157X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Arteriosclerosis</u>		10 yrs	
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>Wright City Warren 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 INJURY OCCURRED	

22. I hereby certify that I attended the deceased from 10-7-1950, to 11/15, 1950, that I last saw the deceased alive on 11/15, 1950, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Beckmeyer, M.D.</u> (Degree or title)		23b. ADDRESS <u>Wright City Mo.</u>		23c. DATE SIGNED <u>11/17/50</u>	
24a. BURIAL, CREMATION (Specify)		24b. DATE <u>Nov 17 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Wright City Mo</u>	

DATE REC'D BY LOCAL REG. <u>Nov. 20-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Forrest W. Hughes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nieburg Furn & Und Co Wright City Mo.</u>	
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File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 23 1950

RECEIVED

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 _____

Julius J. Feeburg
3366

Licensed Embalmer No. _____

P. O. Address _____

Wright City

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.