

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8109

BIRTH NO.		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 2000	Registrar's No. 219
1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Looney Township Brighton 0840	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If rural, give location) R.F.D. # 1, Brighton		
3. NAME OF DECEASED (Type or Print) a. (First) ARNOLD		b. (Middle) HOBART	c. (Last) PRESLEY	4. DATE OF DEATH (Month) (Day) (Year) March 12, 1951
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 14 Dec 1896	9. AGE (In years last birthday) 54
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General farming	11. BIRTHPLACE (State or foreign country) Brighton, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME P. L. Presley		13b. MOTHER'S MAIDEN NAME Martha Blackburn	14. NAME OF HUSBAND OR WIFE Mae Cochran Presley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W. 1 Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Orville B. Presley, Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES (b) Mesenteric Thrombosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6 Hrs 6 days 5702
19a. DATE OF OPERATION 3/7/51		19b. MAJOR FINDINGS OF OPERATION mesenteric thromboses removed		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE OR 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 March 7, 1951, to March 12, 1951, that I last saw the deceased alive on March 12, 1951, and that death occurred at 5:20 P.M., from the causes and on the date stated above.				
23a. SIGNATURE Orville B. Presley (Degree or title)		23b. ADDRESS 609 Cherry St. Springfield		23c. DATE SIGNED 5-14-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 15 Mar 1951	24c. NAME OF CEMETERY OR CREMATORY Hickory Grove	24d. LOCATION (City, town, or county) (State) Polk County, Missouri	
DATE REC'D BY LOCAL REG. 3/16/51	REGISTRAR'S SIGNATURE W.E. Landry	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred C. Thione, Springfield, Missouri		

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

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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 Ralph H. Thieme  
Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.