

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>122</u>		PRIMARY REG. DIST. NO. <u>5456</u>		Registrar's No. <u>4</u>			
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>GREENE</u>					
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>"RURAL" WILSON</u>		c. LENGTH OF STAY (in this place) <u>5 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" WILSON 0390</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROUTE 8, SPRINGFIELD</u>				d. STREET ADDRESS <u>RT.#8, SPRINGFIELD</u>					
3. NAME OF DECEASED (Type or Print) <u>AUGUSTUS FREDRICK ARNDT</u>			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 28 1951</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>JAN. 6 - 1868</u>			
9. AGE (in years last birthday) <u>83</u>		If UNDER 1 YEAR Months Days		If UNDER 1 HR. Hours Min.		11. BIRTHPLACE (State or foreign country) <u>OTTOWA CO., OHIO</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>FREDRICK ARNDT</u>			13b. MOTHER'S MAIDEN NAME <u>FREDA RHINE</u>			14. NAME OF HUSBAND OR WIFE <u>OLIVE BEAL, ARNDT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If res. give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. A. F. ARNDT, RT. 8, SPRINGFIELD, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular</u> DUE TO (c) <u>renal disease -</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442x</u>				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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Sept 10, 1950</u> , to <u>MAR. 28, 1951</u> , that I last saw the deceased alive on <u>28-MARCH-1951</u> , and that death occurred at <u>10:30 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>D. J. Youll</u> (Physician or title) <u>D.O.</u>				23b. ADDRESS <u>234 1/2 E. COMMERCIAL SPRINGFIELD, MO.</u>		23c. DATE SIGNED <u>3-31-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-31-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PATTERSON</u>		24d. LOCATION (City, town, or county) (State) <u>GREENE COUNTY MO.</u>			
DATE REC'D BY LOCAL REG. <u>4-6-51</u>		REGISTRAR'S SIGNATURE <u>Glorance Brittain</u>		105 FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>		ADDRESS <u>Chevy, Mo.</u>			

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

RECEIVED

Greene County Health Office,

County File Number 51-4-20

Date Filed 4-10-51

NOV 6 1951

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.