

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12097

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kennett</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kennett</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>HOSPITAL OR INSTITUTION 413 Randall St.</b>		d. STREET ADDRESS (If rural, give location) <b>413 Randall St.</b>	

3. NAME OF DECEASED a. (First) <b>John</b> b. (Middle) <b>B</b> c. (Last) <b>Arnold</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 6 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 31, 1882</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Fout Arnold</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Gibson</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Arnold</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Dr. F. M. Mayfield D.C. Kennett, Mo.</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculosis of respiratory Sys.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 years</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>002 X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 **3-27-51**, 19\_\_, to **4-6-51**, 19\_\_, that I last saw the deceased alive on **4-6-**, 19**51**, and that death occurred at **1:15 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. F. M. Mayfield D.C.</b>		23b. ADDRESS <b>604 First St. Kennett, Mo.</b>		23c. DATE SIGNED <b>4-7-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-7-51</b>		24c. NAME OF CEMETERY, OR CREMATORY <b>Stanfield</b>	
24d. LOCATION (City, town, or county) (State) <b>Clarkston, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. T. Emerson</b>		ADDRESS <b>Jonesboro Arkansas</b>	
DATE REC'D BY LOCAL REG. <b>4-7-1951</b>		REGISTRAR'S SIGNATURE <b>Carl Hershman</b>		90	

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

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RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 4-11-51 .....  
COUNTY FILE NUMBER ..451-104...

APR 19 1951

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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.....

Not Embalmed  
.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.