

FILED SEP 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27934**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **209**

1. PLACE OF DEATH a. COUNTY Randolph 0888		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. CITY (If outside corporate limits, write RURAL and give township) Moberly 0888	
d. FULL NAME OF HOSPITAL OR INSTITUTION 801 Union		d. STREET ADDRESS (If rural, give location) 801 Union 0	

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) G c. (Last) Self			4. DATE OF DEATH (Month) (Day) (Year) Sept 3 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 22 1882		9. AGE (In years last birthday) 69		10. UNDER 1 YEAR (Months) 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd. Bridges Bldg Dept Wabash		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) O. Mo	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME John Self		13b. MOTHER'S MAIDEN NAME Virginia Fields	
14. NAME OF HUSBAND OR WIFE Mary		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> Yes		16. SOCIAL SECURITY NO. 702-05-7070	
17. INFORMANT'S SIGNATURE OR NAME Mrs A. G Self		ADDRESS Moberly Mo			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural, undetermined		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. due to (b) a bad heart and diabetes					
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 260X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. E. Barnes Coroner		23b. ADDRESS Moberly Mo		23c. DATE SIGNED Sept. 24 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 5 1951		24c. NAME OF CEMETERY OR CREMATORY Oakland	
24d. LOCATION (City, town, or county) (State) Moberly Mo		DATE REC'D BY LOCAL REG. Sept 5-51		REGISTRAR'S SIGNATURE Charles Barnes	
25. FUNERAL DIRECTOR'S SIGNATURE Mahon and Son		ADDRESS Moberly Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 11 1951

Date Received: SEP 10 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1606
Date Filed: SEP 11 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 Frank D. Witt.....

Licensed Embalmer No. 3021.....

P. O. Address Moberly, 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.