

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30546**

FILED SEP 27 1951

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 415

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 609 E. 9th St.		d. STREET ADDRESS (If rural, give location) 609 E. 9th St.	

3. NAME OF DECEASED a. (First) Robert (Type or Print)			b. (Middle) Elmer			c. (Last) Arnold			4. DATE OF DEATH (Month) (Day) (Year) Sept 6 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widower		8. DATE OF BIRTH June 4 1902		9. AGE (In years less birthday) 49		IF UNDER 1 YEAR OF AGE: (Months) (Days) (Hours) (Min.) 4 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Richland, Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A		

13a. FATHER'S NAME George W. Arnold		13b. MOTHER'S MAIDEN NAME Louisa Eaken		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 487-18-3547		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hester Menapace Joplin, Mo	
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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) Pulmonary Tuberculosis		DUE TO (b) _____					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) 002X					
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 July 3, 1951, to Sept 6, 1951, that I last saw the deceased alive on Sept 5, 1951, and that death occurred at 8A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. C. Coats M.D.		23b. ADDRESS Joplin Mo		23c. DATE SIGNED 9-10-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 8/51		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery		24d. LOCATION (City, town, or county) (State) S. of Neosho, Mo.	
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DATE REC'D BY LOCAL REG. 9-10-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston Arnce Simpson Webb City Mo	
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(Licensed Embalmer's Statement on Reverse Side)

Webb City Mo.

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

No. 300
10-48

495

0495

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RECEIVED 9-25-51
Jasper County Health Office

County File Number 51/9/731

Date Filed 9-26-51

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 Harvey E. Amis

Licensed Embalmer No. 4463

P. O. Address Webb City, 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.