

STANDARD CERTIFICATE OF DEATH

21316

State File No.

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 21

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

0730
4

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN <u>GRANBY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRANBY</u> <u>1730</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>Kimrough Nursing Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kimrough Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDRA</u> b. (Middle) <u>JEAN</u> c. (Last) <u>ARWOOD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 17, 1952</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE 0</u>	
8. DATE OF BIRTH <u>JAN. 21, 1921</u>		9. AGE (In years last birthday) <u>31</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Newton Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>none</u>	

13a. FATHER'S NAME <u>H.T. ARWOOD</u>		13b. MOTHER'S MAIDEN NAME <u>LILLIE DAY SMITH</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u> <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LEONARD SMITH</u> <u>Neosho Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra Cranial injury at birth</u>		INTERVAL BETWEEN ONSET AND DEATH
	b. <u>Congenital debility</u>		
	c. <u>Meningo-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Total blind</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>351X</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) _____		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 6-12, 1952, to 6-17, 1952, that I last saw the deceased alive on 6-16, 1952, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Melvin M. Cullough D.O.</u>		23b. ADDRESS <u>Law. Bk Bldg. Neosho Mo</u>		23c. DATE SIGNED <u>6-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-20-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Green</u>	
24d. LOCATION (City, town, or county) (State) <u>Newton County Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lesley Thompson</u> <u>Neosho Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June 23, 1952</u>		REGISTRAR'S SIGNATURE <u>M. S. Young</u> <u>225</u>		ADDRESS _____	

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 652-712 ~~712~~ 112

Date Filed 6/24/52

REC'D
JUN 26 1952

NEOSHO, MISSOURI

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 Robert L. Sauter

Licensed Embalmer No. 4787

P. O. Address Neosho, 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.