U.S. No. 300
Rev. 10-48

OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32677

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6072 Registrar's No. 311

0940
1

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

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Pendleton
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: St. Fransois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Pendleton 0940
d. STREET ADDRESS (If rural, give location): near Farmington Mo

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Jacob
c. (Last): Arnold

4. DATE OF DEATH (Month) (Day) (Year): Oct 5 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: June 20 1875
9. AGE (In years last birthday): 77 — If under 1 year: Months 3, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Mime La Motte, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Arnold
13b. MOTHER'S MAIDEN NAME: Elizabeth Puckett
14. NAME OF HUSBAND OR WIFE: Margaret Kinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 4890 - 18-0410
17. INFORMANT'S SIGNATURE OR NAME: Hattie Bell Arnold, RFD#1 Elvins, Mo. ADDRESS

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid 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.
Renal and Cerebral Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 11, 1948, *to* 10-5, 1952, *that I last saw the deceased alive on* Sept. 3, 1952, *and that death occurred at* 2:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. Richard Crouser M.D.
23b. ADDRESS: Farmington Mo.
23c. DATE SIGNED: 10-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct 7 1952
24c. NAME OF CEMETERY OR CREMATORY: LUTHERAN
24d. LOCATION (City, town, or county) (State): FARMINGTON MO

DATE REC'D BY LOCAL REG.: Oct. 6, 1952
REGISTRAR'S SIGNATURE: Esther Rudloff 289-
25. FUNERAL DIRECTOR'S SIGNATURE: C H COZEAN
ADDRESS: FARMINGTON, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington 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.