

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16834

State File No.

FILED MAY 5 1953

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 63

082
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs.</u>		108.2	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Barber Nursing Home Nevada MO</u>		d. STREET ADDRESS (If rural, give location) <u>319 West Walnut St.</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>H. Arnold</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>4-27-53</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>10-26-32</u>
9. AGE (In years last birthday) <u>70</u>	10. MONTHS <u>6</u>	11. DAYS <u>7</u>	12. HOURS <u>1</u> MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Widowed</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cecil Smith</u> ADDRESS <u>Demon Co. Welfare Office Nevada MO</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Atherosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>(1 month)</u> 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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? _____		4500	
22. I hereby certify that I attended the deceased from <u>June 26, 1940</u> , to <u>April 27, 1953</u> , that I last saw the deceased alive on <u>April 30, 1953</u> , and that death occurred at <u>A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Thos. J. Deasey MD</u> (Degree or title)		23b. ADDRESS <u>Nevada MO</u>	
23c. DATE SIGNED <u>4/28/53</u>		24a. BIRTH, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-29-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Virgil City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Near Virgil City - MO</u>		DATE REC'D BY LOCAL REG. <u>4-29-53</u>	
REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ways Funeral Service</u> ADDRESS <u>Nevada MO</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Allen V. Hays

Signed.....
Student Embalmer

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.