

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. **18904**

FILED MAY 25 1953

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5922** Registrar's No. **167**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Beaman	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Beaman	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION P.F.D.		e. STREET ADDRESS (If rural, give location) P.F.D. 0860	
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Christopher c. (Last) Arnold		4. DATE OF DEATH May 17 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 18-1888
9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR: Months 8 Days 29	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Boonville Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Arnold	
13b. MOTHER'S MAIDEN NAME Minerva Hurt		14. NAME OF HUSBAND OR WIFE Laura Ann Arnold	
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. none	17. INFORMANT'S SIGNATURE OR NAME Albert Arnold ADDRESS Beaman Mo
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular Renal disease		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 4/42X	
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) (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 1842 , to May 17, 1953 , that I last saw the deceased alive on 17 May, 1953 , and that death occurred at 5:40 AM. , from the causes and on the date stated above.	
23a. SIGNATURE P. V. Siegel MD (Degree or title)		23b. ADDRESS Smithton Mo	
23c. DATE SIGNED 5/18/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 5-19-53		24c. NAME OF CEMETERY OR CREMATORY 1007 cem.	
24d. LOCATION (City, town, or county) (State) Otterville Mo		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros ADDRESS Sedalia Mo	
DATE REC'D BY LOCAL REG. 5-19-53		REGISTRAR'S SIGNATURE A. G. Campbell MD	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed..... *KPM Cravy*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.