

FILED AUG 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24398

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 721

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b> <b>0396</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Spfld. Baptist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2000 N. Pickwick</b>	

3. NAME OF DECEASED (Type or Print) <b>WRAN</b>			a. (First) <b>ARTHUR</b>			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 2, 1953</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 7, 1878</b>			9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>				11. BIRTHPLACE (State or foreign country) <b>Missouri</b> <b>0</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>George Gothard</b>			13b. MOTHER'S MAIDEN NAME <b>Barbra Hughes</b>			14. NAME OF HUSBAND OR WIFE <b>Charles R. Arthur</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>UNKNOWN</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Charles R. Arthur</b>			ADDRESS <b>Springfield Mo.</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH.	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Reptured Sigmoid Diverticulum</b>						<b>4 1/2 days</b>	
		ANTECEDENT CAUSES							
		Morbidity 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.						<b>2 x hrs</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		<b>5721</b>			
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 7/27/1953, to 8/2/1953, that I last saw the deceased alive on 8/2/1953, and that death occurred at 12:00 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. E. Keller DMD</b>			23b. ADDRESS <b>609 Chung Springfield</b>			23c. DATE SIGNED <b>8-8-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 4, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Timber Ridge</b>		24d. LOCATION (City, town, or county) (State) <b>Webster Co. Missouri</b>		
DATE REC'D BY LOCAL REG. <b>8-4-53</b>		REGISTRAR'S SIGNATURE <b>Earl Williams</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. Klingner &amp; Co. Springfield Mo</b>			

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 *J. B. K. Longner* \_\_\_\_\_

Licensed Embalmer No. 3358

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.