

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**35548**

State File No. ....

**FILED NOV 9 - 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 3860 Registrar's No. 25

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Franklin</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leslie, rural Boone</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>366 Goetz Street</u>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Walter</u>	b. (Middle) <u>Alfred</u>	c. (Last) <u>Arnold</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>October 5, 1953</u>
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>April 3, 1912</u>	<b>9. AGE</b> (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Labor</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Machinist</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>St. Clair, Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Walter Arnold</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Nan Jones</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Doris Arnold</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____	<b>16. SOCIAL SECURITY NO.</b> _____	<b>17. INFORMANT'S SIGNATURE OR NAME</b> _____	<b>ADDRESS</b> _____
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Fractured skull and crushed chest</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and fractured left arm from accidentally falling off bluff on the Tom Halley farm</u> DUE TO (c) <u>South of Leslie, Mo.</u>		

<b>19a. DATE OF OPERATION</b> _____	<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>Accident</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Leslie, Boone, Franklin, Missouri</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>Oct. 5, 1953</u> m. _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>Accidentally fell off bluff after dark</u>
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Ernest L. Ottman</u>	(Degree or title) <u>Coroner</u>	<b>23b. ADDRESS</b> <u>Gerald, Missouri</u>	<b>23c. DATE SIGNED</b> <u>Oct. 9, 53</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>10-9-53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Virginia Mine</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Clair, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>NOV 9 1953</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Clyde A. Bridget</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Ernest L. Ottman</u>	<b>ADDRESS</b> <u>Gerald, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

60  
3

10/23/01 7:18 PM

**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 Ernest P. Detmer

Licensed Embalmer No. 4054

P. O. Address Harold, 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.