

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 03617530  
Registrar's No. 2480220

FILED NOV 4-1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>	
c. LENGTH OF STAY (In this place) <b>40 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>West 7th St. Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Freeman Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Viola</b>	b. (Middle) <b>Maude</b>	c. (Last) <b>Arnold</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 17, 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>12-27-1888</b>	9. AGE (In years) last birthday <b>64</b>	10. UNDER 1 YEAR Months <b>9</b>	11. UNDER 24 HRS. Days <b>20</b>	12. HOURS <b>0</b>	13. MIN. <b>0</b>
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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	11. BIRTHPLACE (State or foreign country) <b>Richland, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>George W. Arnold</b>	13b. MOTHER'S MAIDEN NAME <b>Louisa Eaken</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Henretta Cash, Carthage, Mo.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic cholecystitis</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Feb. 8-1, 1951** to **8-1, 1953**, that I last saw the deceased alive on **8-1, 1953**, and that death occurred at **12:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ed James</b>	(Degree or title) <b>0 M.D.</b>	23b. ADDRESS <b>Joplin, Missouri</b>	23c. DATE SIGNED <b>10/26/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-23-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>McElany, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-26-53</b>	REGISTRAR'S SIGNATURE <b>Ed James</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Johnston-Arnice-Simpson</b>	ADDRESS <b>Webb City, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 2 1953

Jasper County Health Office

County File Number 53-11-869

Date Filed NOV 2 1953

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address West City, 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.