

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

FILED APR 28 1954

State File No. **12552**

BIRTH NO. _____ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **303b** Registrar's No. **32**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. 1 Aurora, N. Buckpremier	
c. LENGTH OF STAY (in this place) 21 days		d. STREET ADDRESS (If rural, give location) 0 550	
d. FULL NAME OF HOSPITAL OR INSTITUTION Aurora Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Freeman Neel	b. (Middle)	c. (Last) Arnhart	4. DATE OF DEATH (Month) (Day) (Year) April 21, 1954
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 15, 1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 6	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) R. 1 Aurora, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME George A. Arnhart	13b. MOTHER'S MAIDEN NAME Sarah Jarrett	14. NAME OF HUSBAND OR WIFE Lee Arnhart
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lee Arnhart, R. 1 Aurora, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Renia		INTERVAL BETWEEN ONSET AND DEATH 6 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) Arteriosclerotic Heart Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Yes Yes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	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)	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 _____, 1946, to **April 1, 1954** that I last saw the deceased alive on **April 1, 1954**, and that death occurred at **7:15 pm.**, from the causes and on the date stated above.

23a. SIGNATURE D. P. Cooper M.D.	23b. ADDRESS Aurora, Mo.	23c. DATE SIGNED 4-22-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 24, 1954	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.	24d. LOCATION (City; town, or county) (State) Marionville, Mo.
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DATE REC'D BY LOCAL REG. 4-23-54	REGISTRAR'S SIGNATURE Ora Mc Natt	157	25. FUNERAL DIRECTOR'S SIGNATURE R. L. Lurridge	ADDRESS Marionville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10
1954
0551

APR 24

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 Herman Curridge

Licensed Embalmer No. 3072

P. O. Address Marionville 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.