

No. 300
10.48

C-1326619
R-5946
FILED MAY 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15040

State File No. _____
Registrar's No. 318

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		State File No. _____		Registrar's No. <u>318</u>			
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Fulton</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>97 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mammoth Springs</u>				<u>15030</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Route 3</u>							
3. NAME OF DECEASED (Type or Print) <u>ADOLPHUS</u>			a. (First)		b. (Middle) <u>C.</u>		c. (Last) <u>ARWOOD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>February 15, 1892</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>62</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Salem, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>ROBERT B. ARWOOD</u>				13b. MOTHER'S MAIDEN NAME <u>MARTHA BRIGMAN</u>			14. NAME OF HUSBAND OR WIFE <u>NONE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS</u>						ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>								INTERVAL BETWEEN ONSET AND DEATH	
		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma of Pancreas</u>									
		DUE TO (c)									
		3. 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 <u>157 X</u>								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 <u>Feb. 9, 1954</u> , to <u>May 17, 1954</u> , and that death occurred at <u>2:23 A. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>R. C. Kirkwood, M.D., Chief, Surgical Service VA Hospital, Poplar Bluff, Mo. 5-17-54</u>				(Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-17-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thayer Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Thayer Mo.</u>				
DATE REC'D BY LOCAL REG. <u>5/18/54</u>		REGISTRAR'S SIGNATURE <u>R. P. Mitchell</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Marroy Fitch Poplar Bluff Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 24 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

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 3-17-54

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Lenczel

Licensed Embalmer No. 2936

P. O. Address Maple Bluff

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.