

FILED MAY 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15136**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **192**

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Cape Girardeau</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Amell</i>	
c. LENGTH OF STAY (In this place) <i>78 Days</i>		d. STREET ADDRESS (If rural, give location) <i>1001</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Francis Hosp.</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>WILLIAM</i> b. (Middle) <i>CHAPMAN</i> c. (Last) <i>ARNOLD</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>MAY 18, 1954</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>JUNE 5, 1881</i>		9. AGE (In years last birthday) <i>72</i> IF UNDER 1 YEAR Months <i>11</i> Days <i>17</i> IF UNDER 1 HR. Hours <i></i> Min. <i></i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retail Groceries & Merchant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retail & Postal</i>		11. BIRTHPLACE (State or foreign country) <i>Covington, Kentucky</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
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13a. FATHER'S NAME <i>Frank Arnold</i>		13b. MOTHER'S MAIDEN NAME <i>Hannah Holmes</i>		14. NAME OF HUSBAND OR WIFE <i>Lucy Belle Brown Arnold</i>			
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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) <i>No</i>		16. SOCIAL SECURITY NO. <i>490-01-3846</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs H. C. Arnold Amell, Mo</i>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coma. (Hepatic & Renal).</i>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>(1 - Suppurative Cholecystitis)</i> <i>(2 - Multiple Sub-phrenic Abscess)</i> DUE TO (c) <i>(3 - Pyo-oleum. (Right).)</i>							
		II. 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 <i>586x</i>						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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 *3-1*, 19*54*, to *5-18*, 19*54*, that I last saw the deceased alive on *5-17*, 19*54*, and that death occurred at *12:10 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Utheron Estes M.D.</i>		23b. ADDRESS <i>Cape Girardeau 714 Broadway</i>		23c. DATE SIGNED <i>May 5-1954</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 20, 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>		24d. LOCATION (City, town, or county) (State) <i>Cape Girardeau, Mo</i>	
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DATE REC'D BY LOCAL REG <i>5-20-54</i>		REGISTRAR'S SIGNATURE <i>W. C. Summers</i>		44-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Deuling's Funeral Home Amell</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 14 1954

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

Oliver C. Amick

Licensed Embalmer No. 4470

P. O. Address Illinois, 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.