

STANDARD CERTIFICATE OF DEATH

BIRTH NO.		REG. DIST. NO. 229		PRIMARY REG. DIST. NO. 4943		State File No. 3809		Registrar's No. 67	
1. PLACE OF DEATH a. COUNTY Montgomery					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Danville Twn Parish			c. LENGTH OF STAY (In this place) 3yr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Danville Twn			0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home					d. STREET ADDRESS (If rural, give location) none				
3. NAME OF DECEASED (Type or Print) a. (First) Carl			b. (Middle) W.		c. (Last) Arens		4. DATE OF DEATH (Month) (Day) (Year) II-29-54		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 24- 1903		9. AGE (In years last birthday) 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) St Charles Mo			12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Lee Arens			13b. MOTHER'S MAIDEN NAME Martha Fetfch			14. NAME OF HUSBAND OR WIFE Mary Arens			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		(If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 493-05-6628		17. INFORMANT'S SIGNATURE OR NAME Mrs Mary Arens New Florence Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))					MEDICAL CERTIFICATION				
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of liver				
					INTERVAL BETWEEN ONSET AND DEATH 5 Months				
					ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (b) _____				
DUE TO (c) _____					II. OTHER SIGNIFICANT CONDITIONS Malnutrition - Myocardial Degeneration				
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION Sept. 9, 1954		19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of liver - inoperable			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)		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 July 20, 1954, to Nov. 29, 1954, that I last saw the deceased alive on Nov. 28, 1954, and that death occurred at 8:00 a.m., from the causes and on the date stated above.									
23a. SIGNATURE C. H. Thompson DO (Degree or title)					23b. ADDRESS New Florence, Mo			23c. DATE SIGNED Nov 30, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-1-54		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St Louis MO			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 11-30-54		REGISTRAR'S SIGNATURE L. C. Helm			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MONTGOMERY CITY MO				

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

DEC 8 1954

JAN 6 1955

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, ~~on~~^{XX} on the 29 th day of Nov 1954

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed 
Licensed Embalmer No. I487

P. O. Address Montgomery City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.