

FILED MAR 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5648

BIRTH NO.		REG. DIST. NO. 245	PRIMARY REG. DIST. NO. 3047	Registrar's No. 17
1. PLACE OF DEATH a. COUNTY Newton		0722 c. LENGTH OF STAY (in this place) 2 Wks.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry
b. CITY (If outside corporate limits, write RURAL and give town) Neosho		c. CITY OR TOWN Monett		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Sale Memorial Hosp.		e. STREET ADDRESS (If rural, give location) Rural 4 Miles S.W. Monett		
3. NAME OF DECEASED (Type or Print) Pauline		a. (First)	b. (Middle)	c. (Last) Arnaud
4. DATE OF DEATH Feb. 13, 1955		5. SEX Female		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 22, 1876		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Marseille, France
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Emile Arnaud (decs.)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Esther Anderson Neosho, Mo.		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.		19. INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 2-12 , 1955, to 2-13 , 1955, that I last saw the deceased alive on 2-12 , 1955, and that death occurred at 10:15 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) F. F. Whithead M.D.		23b. ADDRESS Neosho Mo		23c. DATE SIGNED 2-16-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/16/55		24c. NAME OF CEMETERY OR CREMATORY Waldensian Cemetery
24d. LOCATION (City, town, or county) (State) Barry County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. H. Buchanan Monett Mo		ADDRESS
DATE REC'D BY LOCAL REG. 2-16-55		REGISTRAR'S SIGNATURE Melvin C. Bowman		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District File Number 255-24
Date Filed 3-1-55

NEOSHO, MISSOURI

MAR 12 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, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. R. Buchanan

Licensed Embalmer No. 314

P. O. Address Monett

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.