No. 300
10.48

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

FILED APR 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8802

BIRTH NO. 134 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5749 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: Madison 0620
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Polk Township
c. LENGTH OF STAY (In this place): 68 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. #3, Fredericktown, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Madison 0620
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Polk Township 0
d. STREET ADDRESS (If rural, give location): Rt. #3, Fredericktown

3. NAME OF DECEASED (Type or Print)
a. (First): Frances
b. (Middle): Mary
c. (Last): Arnold

4. DATE OF DEATH (Month) (Day) (Year): March 24, 1955

5. SEX: Female/
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: August 5, 1874
9. AGE (In years last birthday): 80 — If under 1 year: Months 7, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Madison County, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jessie Inman
13b. MOTHER'S MAIDEN NAME: Emaline Vance
14. NAME OF HUSBAND OR WIFE: George Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Sidney Matthews, Fredericktown, M

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) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) (She also had arrested Case of Tuberculosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Recent Pneumonia last Feby 1955

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
410 X A
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Years, 19__, *to* March 24, 1955, *that I last saw the deceased alive on* March 29, 1955, *and that death occurred at* 5:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. D.
23b. ADDRESS: Fredericktown Mo
23c. DATE SIGNED: 3/26/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/27/55
24c. NAME OF CEMETERY OR CREMATORY: Sebastian Cemetery
24d. LOCATION (City, town, or county) (State): Madison County, Mo.

DATE REC'D BY LOCAL REG.: 3-28-1955
REGISTRAR'S SIGNATURE: Florence Hicks 187
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Najim Funeral Home, Fredericktown, Mo

(Licensed Embalmer's Statement on Reverse Side)

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN. MO.

RECEIVED
APR 4 - 1955

FILE No. 455-13

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 Charles McCarty

Licensed Embalmer No. 4852

P. O. Address Fredericktown, 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.