

FILED DEC 29 1955  
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41674**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Richmond</u>		c. CITY OR TOWN <u>Richmond</u>	
c. LENGTH OF STAY (in this place) <u>16 months</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>100 West Henry Street</u>		e. STREET ADDRESS (If rural, give location) <u>100 West Henry Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>BENTON</u> c. (Last) <u>ARNEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 18 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 29, 1878</u>
9. AGE (In years last birthday) <u>77</u>	if UNDER 1 YEAR Days <u>8</u>	if UNDER 24 Hrs. Hours Min. <u>19</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Spokane, Tennessee</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ministry</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ministry</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Arney</u>		13b. MOTHER'S MAIDEN NAME <u>Francis (unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Lida M. (Jones) Arney</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give branch or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-12-2862</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lida M. Arney, Richmond, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia - terminal</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis &amp; hypertension</u> DUE TO (c) <u>Cerebral vascular accident</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral vascular accident</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>3.31K</u>	
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 <u>July 24, 1952</u> , to <u>Dec. 18, 1955</u> , that I last saw the deceased alive on <u>Dec. 18, 1955</u> , and that death occurred at <u>2:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Deceased or Title) <u>L. K. Johnson MD</u>		23b. ADDRESS <u>Richmond, Mo.</u>	23c. DATE SIGNED <u>12/20/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>December 21, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mapleleaf Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington Missouri</u>
DATE REC'D BY LOCAL REG. <u>Dec 21-1955</u>	REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>213-0</u>	ADDRESS <u>213-0 WEST-WILE FUNERAL HOME RICHMOND MISSOURI per Healthfile</u>

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

21 May 1

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 *George Phil...*  
Licensed Embalmer No. 406

P. O. Address *Richmond*

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.