

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41778

FILED JAN 17 1956

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1003

State File No. ....

11644

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Indiana b. COUNTY Vigo			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Terre Haute	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		e. STREET ADDRESS (If rural, give location) 2051 Deming			
3. NAME OF DECEASED (Type or Print) a. (First) Delbert		b. (Middle) E.		c. (Last) Arnett	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1955		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 7, 1912		9. AGE (In years last birthday) 43	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Insurance Co.		10b. KIND OF BUSINESS OR INDUSTRY Insurance		11. BIRTHPLACE (City and State or foreign Country) Indiana	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Herbert Arnett		13b. MOTHER'S MAIDEN NAME Pearl Brokaw	
14. NAME OF HUSBAND OR WIFE Frances Arnett		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. Nil.	
17. INFORMANT'S SIGNATURE OR NAME Frances Arnett		ADDRESS 2051 Deming		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, ashenia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage intracerebral. Re. Temporal lobe		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		MEDICAL CERTIFICATION Terre Haute, Ind. DUE TO (b) Hypertension, arterial DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION 12/31/55		19b. MAJOR FINDINGS OF OPERATION Perforat. ventriculostomy - Elevated pressure	
20. AUTOPSY? YES <input checked="" 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)		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 12-31, 1955, to 12-31, 1955, that I last saw the deceased alive on 12-31, 1955, and that death occurred at 9:48 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Surg. E. Roubaud		(Degree or title) MD		23b. ADDRESS 3720 Leaning Tower Ave	
23c. DATE SIGNED 1-1-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-1-56	
24c. NAME OF CEMETERY OR CREMATORY Rose Lawn Mem. Pk. Cem.		24d. LOCATION (City, town, or county) (State) Terre Haute, Indiana			
DATE REC'D BY LOCAL JAN 3 1956		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
ADDRESS 4700 Washington,		(Licensed Embalmer's Statement on Reverse Side)			

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

**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 *John J. Haines*  
.....

Licensed Embalmer No. *416*

P. O. Address *Haines*

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.