

FILED FEB 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4284

State File No.

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>DUNKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MALDEN</u>		c. CITY OR TOWN <u>MALDEN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>606 E. Main</u>		e. STREET ADDRESS (If rural, give location) <u>Rte. 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GILBERT</u> b. (Middle) <u>--</u> c. (Last) <u>ARRINGTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 9 1956</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>May 31, 1894</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Moscow, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Robert Arrington</u>	13b. MOTHER'S MAIDEN NAME <u>Elle Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Arrington</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mitchell Arrington</u>	ADDRESS <u>Malden, Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension 2 yrs</u> DUE TO (c) <u>Cardiac Hypertrophy 1 yr</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	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 Feb. 10 1956 to 2/9/1956, that I last saw the deceased alive on 2-9-1956, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. E. Mitchell M.D.</u>	23b. ADDRESS <u>Malden Mo</u>	23c. DATE SIGNED <u>2/10/1956</u>
---	-------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 11, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Malden Missouri</u>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>2-14-56</u>	REGISTRAR'S SIGNATURE <u>J. D. Schuman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home</u>	ADDRESS <u>Campbell, Mo</u>
---	--	--	-----------------------------

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

035

035/0

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 2-21-56
COUNTY FILE NUMBER 256-1

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 *Christine M. Landers*.....

Licensed Embalmer No. # 22.

P. O. Address *Campbell*.....

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.