

FILED JUN 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19312

State File No.

BIRTH NO. REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6148 Registrar's No. 26

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| 1. PLACE OF DEATH a. COUNTY Stoddard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Stoddard | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural (Castor)) c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN Dexter d. In 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 Residence | | e. STREET ADDRESS (If rural, give location) R.F.D. #2, Dexter, Mo. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Alice c. (Last) Arnold | | | 4. DATE OF DEATH April 29, 1956 (Month) (Day) (Year) | | |
| 5. SEX Female | | 6. COLOR OR RACE Cauc. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | |
| 8. DATE OF BIRTH Feb. 17, 1875 | | 9. AGE (In years last birthday) 81 | | 10. IF UNDER 1 YEAR Days 2 Hours 12 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired house-keeper | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Dexter, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. | | | | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME William Franklin Feilds | | 13b. MOTHER'S MAIDEN NAME Rebecca Riddle | | 14. NAME OF HUSBAND OR WIFE Alonzo Arnold (Dec'd) | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Milo Young, Dexter, Mo. | |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma uterus DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH Feb 1956 Jan 1955 |
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|------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 174x | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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| 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? | |
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22. I hereby certify that I attended the deceased from June, 1955, to April 25, 1956, that I last saw the deceased alive on April 20, 1956, and that death occurred at 5:00 A.M. from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) S. S. Davis M.D. | | 23b. ADDRESS Dexter Mo. | | 23c. DATE SIGNED May 31, 1956 | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 4-30-56 | | 24c. NAME OF CEMETERY OR CREMATORY Old Bethel | |
| | | | | 24d. LOCATION (City, town, or county) (State) R.F.D. Dexter, Mo. | |

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| DATE REC'D BY LOCAL REG. 5-31-56 | | REGISTRAR'S SIGNATURE Lee E. Mooney | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo. | |
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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..... *Lucille Rainey*

Licensed Embalmer No. *498*

P. O. Address..... *Seattle*

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.