

FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21100**

BIRTH NO. _____ REG. DIST. NO. **184** PRIMARY REG. DIST. NO. **3038** Registrar's No. **78**

582
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY OR TOWN Brookfield	c. LENGTH OF STAY (in this place) 21 years	c. CITY OR TOWN Brookfield	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 306 Macon Street		e. STREET ADDRESS (If rural, give location) 306 Macon Street	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Catherine	c. (Last) Arnold	4. DATE OF DEATH (Month) (Day) (Year) July 3, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 20, 1893	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 1 Days 14	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.			

13a. FATHER'S NAME Thomas John Dugmore	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Barrett Lloyd	14. NAME OF HUSBAND OR WIFE Mr. Arnold
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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. None	17. INFORMANT'S SIGNATURE OR NAME Lloyd M. Arnold	ADDRESS Brookfield, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 7/8 3 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardiac of liver DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Jamies. Liver.		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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 1953**, to **July 3, 1956**, that I last saw the deceased alive on **7/3**, 19**56**, and that death occurred at **6:33** m., from the causes and on the date stated above.

23a. SIGNATURE H. W. Blacklock	(Degree or title) Mo.	23b. ADDRESS 3167 Main Brookfield Mo	23c. DATE SIGNED 7/6/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 6, 1956	24c. NAME OF CEMETERY OR CREMATORY St. Michael Cemetery	24d. LOCATION (City, town, or county) (State) Brookfield, Missouri
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DATE REC'D BY LOCAL REG. 7-6-56	REGISTRAR'S SIGNATURE Katharine Johnson	25. FUNERAL DIRECTOR'S SIGNATURE J. H. Blacklock	ADDRESS Brookfield Mo.
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DEC 4 1957

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 *J. R. Blacklock*

Licensed Embalmer No. *224*

P. O. Address *Brookfield*

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.