

FILED DEC 17 1956

STANDARD CERTIFICATE OF DEATH

41209
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 5465 Registrar's No. 1130

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural, N. Campbell Tswp		c. CITY OR TOWN Springfield 0344	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunshine Acres		d. STREET ADDRESS (If outside, give location) 2019 N. Pickwick	
Length of stay in lb 1 yr 1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Charles Middle R. Last Arthur			4. DATE OF DEATH Month Dec. Day 8, Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 20, 1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY State Hiway Dept. Webster Co., Mo.		11. BIRTHPLACE (City and state or country) U. S. A.	
13. FATHER'S NAME John Arthur			14. MOTHER'S MAIDEN NAME Last name, Susan -- Unknown		

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. 500-01-1460 None	17. INFORMANT Vernie W. Gothard, Springfield, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Undetermined		INTERVAL BETWEEN ONSET AND DEATH 20 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized arteriosclerosis	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arthritis - Osteoarthritis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 450.0	
20c. TIME OF INJURY Hour 4:00 Month 9 Day 56 Year 56 a. m. p. m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Springfield		20g. COUNTY Greene

21. I attended the deceased from 11/9/56 to 12/8/56 and last saw her alive on 11/29/56 Death occurred at 4:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE David H. Hall, MD	22b. ADDRESS 1503 Glenstone, Springfield	22c. DATE SIGNED 12/11/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-11-1956	23c. NAME OF CEMETERY OR CREMATORY Timber Ridge Cem.	23d. LOCATION (City/Town, Co., State) Webster County, Mo.
24. FUNERAL DIRECTOR James	25. DATE RECD. BY LOCAL REG. 12-11-56	26. REGISTRAR'S SIGNATURE Edith Williamson	

(Licensed Embalmer's Statement on Reverse Side)

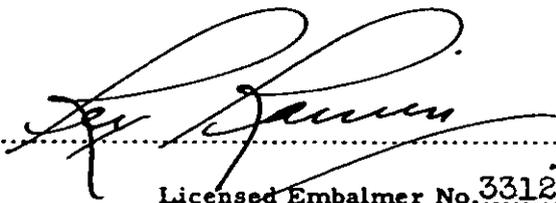
with, office, 03904, 00-56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms or signs of disease in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

2017-050

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.....


Licensed Embalmer No. 3312

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.