

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4136

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 24

0272

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boonville</u>		c. CITY OR TOWN <u>Bunceton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>6 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>No street numbers</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Joseph Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Emma</u> b. (Middle) <u>Arnett</u> c. (Last) <u>Arnett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February, 13, 1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White 1</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u>	8. DATE OF BIRTH <u>June, 16th, 1874</u>
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Syracuse, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James H. Speed</u>		13b. MOTHER'S MAIDEN NAME <u>Tennessee Page</u>	14. NAME OF HUSBAND OR WIFE <u>V.C. Arnett (dead)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gladys Daniels, Bunceton, Missouri</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of splenic colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Obstruction of colon</u> DUE TO (c) <u>Metastatic carcinoma - lung</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obstruction of colon</u>		3 mos.	
19a. DATE OF OPERATION <u>12/23/56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of splenic flexure with obstruction, 153x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>2</u>	
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 <u>12-2-1956</u> , to <u>2-7-1957</u> , that I last saw the deceased alive on <u>2-13-57</u> , 19 <u>57</u> , and that death occurred at <u>11:30p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. H. Miller, M.D.</u> (Degree or title)		23b. ADDRESS <u>Boonville, Mo.</u>	23c. DATE SIGNED <u>2/18/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 16, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bunceton Mo</u>
DATE REC'D BY LOCAL REG. <u>2/18/57</u>	REGISTRAR'S SIGNATURE <u>J. H. Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James E. Richard, Tipton, Mo</u>	

SEP 19 1967

SEP 17 1967

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 James E. Richardson  
Licensed Embalmer No. 246

P. O. Address Lepton

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.