

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 14 1957

STATE FILE NUMBER 5778

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN LOUISIANA Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE CO. HOSP Length of stay in lb 25 yrs		d. STREET ADDRESS (If outside, give location) 1405 KENTUCKY ST Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) WILLIAM ARNOLD First Middle Last			4. DATE OF DEATH FEB. 23, 1957 Month Day Year		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 24, 1875		9. AGE (In years last birthday) 82 IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTION FOREMAN RAILROAD		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and state or country) WINCHESTER, ILL	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME SAMUEL ARNOLD		
14. MOTHER'S MAIDEN NAME MARY			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 OLIVIA ARNOLD Address LOUISIANA, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia - Azotemia		INTERVAL BETWEEN ONSET AND DEATH 3 wks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic Nephritis		3 mo
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Carcinoma of Tongue		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.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE

21. I attended the deceased from 1-19-57 to 2-23-57 and last saw ^{him} alive on 2-23-57 Death occurred at 10:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Chas H Luellen M.D.	22b. ADDRESS Louisiana, Missouri	22c. DATE SIGNED 2-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 26, 1957	23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM	23d. LOCATION (City, town, or county) (State) LOUISIANA, Mo.
24. FUNERAL DIRECTOR Geo. M. Collier ADDRESS Louisiana, Mo.	25. DATE RECD. BY LOCAL REG. March 5, 1957	26. REGISTRAR'S SIGNATURE Bernardo Collier	

(Licensed Embalmer's Statement on Reverse Side)

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-56
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MAR 21 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Geo. M. Collier*.....

Licensed Embalmer No. *38*.....

P. O. Address *Louisiana*.....

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