

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16399**

FILED MAY 27 1957

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 276			
1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAL				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY SCOTT					
b. CITY (If outside corporate limits, write RURAL and give town) CAPE GIRARDEAU		c. LENGTH OF STAY (In this place) 3 DAYS		c. CITY OR TOWN ANCELL		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 ST. FRANCIS HOSPITAL				STREET ADDRESS (If rural, give location) 1000					
3. NAME OF DECEASED (Type or Print) a. (First) FRANK		b. (Middle) ISRAEL		c. (Last) ARNOLD		4. DATE OF DEATH (Month) (Day) (Year) MAY 19, 1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 13, 1883			
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAPER CARRIER (RET) NEWSPAPER		11. BIRTHPLACE (City and State, Foreign Country) Polka Dot, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME FRANK ARNOLD		13b. MOTHER'S MAIDEN NAME HANNAH HOLMES		14. NAME OF HUSBAND OR WIFE ROSALIE (NAN) ARNOLD					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 488-20-4457		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. ROSALIE ARNOLD - ANCELL, Mo.					
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, assthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastatic carcinoma of prostate DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177x				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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 5-17 , 19 57 , to 5-19 , 19 57 , that I last saw the deceased alive on 5-19 , 19 57 , and that death occurred at 6:45 P.m. , from the causes and on the date stated above.									
22a. SIGNATURE (Degree or title) Golden M. Murrell, M.D.				23b. ADDRESS Cape Girardeau, Mo.				23c. DATE SIGNED 5-21-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 22, 1957		24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH CATHOLIC Cem. Illmo, Missouri		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 5-21-57		REGISTRAR'S SIGNATURE T. T. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BISPLINGHOFF FUNERAL HOME - Illmo, Mo.					

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

44-0

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 *Jack J. Burnett*

Licensed Embalmer No. *4475*
P. O. Address *Chaffee, Ill.*

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.