

FILED JAN 15 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

66

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Mexico		c. CITY OR TOWN Mexico	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) 723 West Love	
3. NAME OF DECEASED (Type or print) First Edward Middle Durnas Last Arnold		4. DATE OF DEATH Month Jan Day 6 Year 1958	
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 Feb. 4, 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY General Store	11. BIRTHPLACE (City and state or country) Shamrock, Missouri
13a. FATHER'S NAME John Arnold		13b. MOTHER'S MAIDEN NAME Susan Lail	14. NAME OF HUSBAND OR WIFE Deceased
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 Mrs. Dollie Cason Address 723 W. Love Mexico, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis - with aphasia and depression of respiratory center DUE TO (b) Generalized Cerebral Arterio Sclerosis DUE TO (c) 332 X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic degenerative Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 12-11-58 8 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) X	
20c. TIME OF INJURY Hour X Month, Day, Year a.m. X p.m.		20f. CITY, TOWN, OR LOCATION X COUNTY STATE	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	
21. I attended the deceased from May 1940 to 1-6-58 and last saw ^{her} him alive on 1-5-58 Death occurred at 1-6-58 ^{4:20} _{PM} on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harry F. O'Brien M.D. (Degree or title)		22b. ADDRESS Mexico, Missouri	
22c. DATE SIGNED 1-6-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-8-1958	23c. NAME OF CEMETERY OR CREMATORY East Lawn Memorial Park	23d. LOCATION (City, town, or county) (State) Mexico, Missouri
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.		25. DATE RECD. BY LOCAL REG. Jan 7-1958	26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmers' Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

JAN 15 1958

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. 449

P. O. Address Memphis

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.