

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011296
STATE FILE NUMBER

FILED APR 9 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 3534

300

-57

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>CARLINVILLE 8129</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR MISSOURI PACIFIC INSTITUTION <u>HOSPITAL</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>32 226 NORTHWEST ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ROY</u> Middle Last <u>ARNOLD</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>24</u> Year <u>1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>NOVEMBER 11, 1898</u>		9. AGE (In years last birthday) <u>60</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BRAKEMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GULF, MOBILE KOHIO R.R.</u>		11. BIRTHPLACE (City and state or country) <u>CARLINVILLE, ILL.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>GEORGE ARNOLD</u>		
13b. MOTHER'S MAIDEN NAME <u>DORINDA CRAIG</u>			14. NAME OF HUSBAND OR WIFE <u>- - -</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>709-12-3033</u>		17. INFORMANT Address <u>CLIFFORD ARNOLD CARLINVILLE</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HEPATO RENAL SYNDROME</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>LIVER CIRRHOSIS</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>581.0</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u> <u>6 MOS. -</u>
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 _____ Month, Day, Year _____ a.m. _____ p.m.					
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 <u>Feb. 22, 1958</u> to <u>March 24, 1958</u> and last saw her alive on <u>March 24, 1958</u> . Deceased died at <u>MISSOURI PACIFIC HOSPITAL</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>George A. [Signature]</u> (Degree or title)			22b. ADDRESS <u>31 W Washington</u>		22c. DATE SIGNED <u>27 MAR 58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>MARCH 27, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MAYFIELDS</u>		23d. LOCATION (City, town, or county) (State) <u>CARLINVILLE ILL</u>
24. FUNERAL DIRECTOR <u>JR Butler</u> #2445 ILL. ADDRESS <u>Carlinville Ill</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 28 '58</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1958 MAY 7

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 *J.R. Butler*

Licensed Embalmer No. *24451*
P. O. Address *Carleville 2*

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.