

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014738

STATE FILE NUMBER

FILED APR 17 1958

Registration District No. 160 Primary Registration District No. 592 Registrar's No. 62

Health, Welfare Public Service
300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
No symptoms will be listed.
Disease in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

0500

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim - Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Festus Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Near Hematite		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) R. F.D. # 2 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Matilda Lee Arnold			4. DATE OF DEATH Apr. 11, 1958		
5. SEX Female		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 Aug. 19, 1911		9. AGE (In years last birthday) 46/7/22		IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Blackwell, Mo.	
13. FATHER'S NAME Mose Boyer			14. MOTHER'S MAIDEN NAME Mary Pruitt		
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 Joe Arnold, Festus, Mo. R. # 2	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Regurgitation		INTERVAL BETWEEN ONSET AND DEATH 59 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Branchial Asthma	8 years
	DUE TO (c) Nephritis Chronic	592 X 54 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		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 <input type="checkbox"/> Month, Day, Year a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>					
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 Feb 2/58 to April 11/58 and last saw her alive on April 11/58 Death occurred at 3:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE H. Goskit (Degree or title) M.D.		22b. ADDRESS Festus Mo		22c. DATE SIGNED 4/14/58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/14/58		23c. NAME OF CEMETERY OR CREMATORY Herculaneum City Cem.		23d. LOCATION (City, town, or county) (State) Herculaneum, Mo.	
24. FUNERAL DIRECTOR Vinyard Funeral Home, Inc. Festus, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 4-14-58		26. REGISTRAR'S SIGNATURE [Signature]		

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

50

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 15 1958

APR 11 1963

JAN 26 1959

OCT 13 1960

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. 30

P. O. Address Festus

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