

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017429

STATE FILE NUMBER

Registration District No. **43**

Primary Registration District No. **3007**

Registrar's No. **387**

FILED JUN 5 1958

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Butler		5. SEX Male <input type="checkbox"/> Female <input type="checkbox"/>		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 Nov. 3, 1891		9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		11. BIRTHPLACE (City and state or country) Blodgett, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Campbell		0350 0		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS Rte. 3		(If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION P. Bluff Hospital		Length of stay in lb 11 hrs.	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle CARROLL Last ARNOLD				4. DATE OF DEATH Month May Day 19 Year 1958				13a. FATHER'S NAME Thomas Arnold		13b. MOTHER'S MAIDEN NAME Belle Tippy		14. NAME OF HUSBAND OR WIFE Ella Arnold		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. 496-40-1600		17. INFORMANT Mrs. Ella Arnold, Campbell, Mo. R. 3	
18. CAUSE OF DEATH (Enter only one cause parting for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Arteriosclerosis Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) 331X												INTERVAL BETWEEN ONSET AND DEATH 7 hours		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 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 186 April 58 to 19 May 58 and last saw him alive on 18 May 58 Death occurred at 1:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.																			
22a. SIGNATOR [Signature] (Degree or title)						22b. ADDRESS 521 Oak, Poplar Bluff, Mo.						22c. DATE SIGNED 26 May 58							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE May 20, 1958			23c. NAME OF CEMETERY OR CREMATORY Gravel Hill Cemetery			23d. LOCATION (City, town, or county) (State) Campbell, Mo. Rte. 3										
24. FUNERAL DIRECTOR Landess Funeral Home, Inc. Campbell, Mo.						25. DATE RECD. BY LOCAL REG. 5/31/58			26. REGISTRAR'S SIGNATURE [Signature]										

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

JUN 3 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

SEP 16 1958

JUN 8

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 *Christine M. Landers*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, M*

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.