

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022964
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 149

FILED JUN 16 1958

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Calhoun	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Charles Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Golden Eagle Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp Length of stay in 1b 9 days		d. STREET ADDRESS Golden Eagle (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle A. Last Arnold			4. DATE OF DEATH Month Jun. Day 7, Year 1958
5. SEX Male	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 April 10, 1896
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and state or country) Illinois /
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY own	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Xavier Arnold		14. MOTHER'S MAIDEN NAME Catherine Koegner	
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. 344-32-5065	17. INFORMANT Mr. Wilmer Arnold, Golden Eagle, Ill.
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 Hemorrhage - or Thrombosis DUE TO (b) Cerebral Sclerosis DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Arterio Sclerosis Heart Disease			INTERVAL BETWEEN ONSET AND DEATH 4 days ? 334X
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. TIME OF INJURY Hour _____ a. m. _____ p. m.		20c. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION St. Charles Mo.	
20f. COUNTY Calhoun		20g. STATE Illinois	
21. I attended the deceased from May 26-58 to June 7-58 and last saw her alive on Jan 6, 1958 Death occurred at 4 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. H. Beckwith</i>		22b. ADDRESS St. Charles Mo.	
22c. DATE SIGNED June 9-1958		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE June 10, 1958		23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	
23d. LOCATION (City, town, or county) Brussels,		23e. STATE Illinois	
24. FUNERAL DIRECTOR H.A. Imming, Brussels, Illinois		25. DATE RECD. BY LOCAL REG. June 9-58	
26. REGISTRAR'S SIGNATURE <i>Marcella Wilson</i>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 28 195

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Frank R. Amalan

Licensed Embalmer No. 4

P. O. Address St. Cha

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