

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028586

STATE FILE NUMBER

Health,
Welfare
Public
Service

300
1-56

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

LIIII SEP 4 1958		Registration District No. 75		Primary Registration District No. 3015		Registrar's No. 96	
1. PLACE OF DEATH a. COUNTY CLINTON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLINTON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAMERON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CAMERON		025' Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CAMERON, HOOSP.		Length of stay in 1b 3 Wks		d. STREET ADDRESS FAX 4th. st.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FRANCES OMELIA ARNOTE			4. DATE OF DEATH Month Day Year Aug- 22-1958				
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 MAR. 4. 1870	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home.		11. BIRTHPLACE (City and state or country) DeKalb, Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME AGUSTUS TITTLE			14. MOTHER'S MARDEN NAME ELLEN WORD.				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No		17. INFORMANT Address OLIVER F ARNOTE. CAMERON, Mo			
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 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension of arteries DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL-DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 4 months years
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 July 26, 1958 to August 22, 1958 and last saw her alive on Aug. 20, 1958 Death occurred at 11:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Frank Wilson M. D.				22b. ADDRESS Winston, Missouri		22c. DATE SIGNED 8/23/58	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Aug. 25. 58	23c. NAME OF CEMETERY OR CREMATORY OSBORN CEMETERY		23d. LOCATION (City, town, or county) OSBORN - Mo.		(State)	
24. FUNERAL DIRECTOR SMESS CRUNK, CAMERON, MO		ADDRESS		25. DATE RECD. BY LOCAL REG. Aug 28 - 58		26. REGISTRAR'S SIGNATURE Francis D Crawford	

(Licensed Embalmer's Statement on Reverse Side)

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 *Leif Moss Erunt*.....

Licensed Embalmer No. *253*

P. O. Address *Camden*

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.