

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029668

STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 276

300
1-57
0644

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PARIS 0696 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. ELIZABETH HOSP		Length of stay in lb 3 WKS.	d. STREET ADDRESS (If outside, give location) 217 W. HICKORY ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last FLORENCE RICHARDS ARNOLD			4. DATE OF DEATH Month Day Year AUG 13, 1958
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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 28, 1883	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME RICHARDS	13b. MOTHER'S MAIDEN NAME CHRISTIANA McMULLIN	14. NAME OF HUSBAND OR WIFE JAS. S. ARNOLD
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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. <input checked="" type="checkbox"/>	17. INFORMANT JAS. S. ARNOLD, PARIS, MO. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis of abdominal aorta		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) Arteriosclerotic heart disease	
	DUE TO (c) Ca of Siquisim	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1533		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.)
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20c. TIME OF INJURY Hour Month, Day, Year o.m. p.m.
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20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from _____ to _____ and last saw her alive on **Aug-13-1958**
Death occurred at **10:10 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. Hancock (Degree or title)	22b. ADDRESS Hannibal Mo	22c. DATE SIGNED 8-19-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Aug. 15, 1958	23c. NAME OF CEMETERY OR CREMATORY YALNUT GROVE	23d. LOCATION (City, town, or county) (State) PARIS, MO.
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24. FUNERAL DIRECTOR Speed-Blakey ADDRESS PARIS, MO.	25. DATE RECD. BY LOCAL REG. 8-20-58	26. REGISTRAR'S SIGNATURE Dr. Em Lusk by McArthur
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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RECEIVED AUG 27 1958

MARION CO. HEALTH DEPT.

DATE FILED AUG 27 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 *E. H. O'Connell*

Licensed Embalmer No. 4000.....

P. O. Address PARIS, M.D....

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.