

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043189

STATE FILE NUMBER

FILED JAN 14 1959

Registration District No. 11 Primary Registration District No. 5040 Registrar's No. 92

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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY BARRY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BARRY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN EXETER TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN R.F.D. WASHBURN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Mi. S. of Cassville-Life			Length of stay in lb		d. STREET (If outside, give location) ADDRESS 5 Mi. S. of Cassville		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MARY Middle ANN Last ARNOLD				4. DATE OF DEATH Month 12 Day 28 Year 58					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 23rd 1876		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home keeper			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Barry Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Thomas J. McClure				14. MOTHER'S MAIDEN NAME America Rowland					
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 Address Mrs. Lois Miller, Washburn, 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) Uremia							INTERVAL BETWEEN ONSET AND DEATH 4 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)									
DUE TO (c) Parkinson's disease							10-12 yrs		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 350X							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		
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 1940 to 12-28-58 and last saw her ^{him} alive on 12-27-58 Death occurred at 8:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Mary Newman, M.D. O				22b. ADDRESS Cassville, Missouri			22c. DATE SIGNED 1-5-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-30-58	23c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery		23d. LOCATION (City, town, or county) Exeter, Missouri		(State)		
24. FUNERAL DIRECTOR ADDRESS Williamson Chapel, Cassville, Mo.				25. DATE RECD. BY LOCAL REG. 1-5-59		26. REGISTRAR'S SIGNATURE Grace Williams			

100

6961 7 1 NHP

JAN 23 1959

DATE REC. 1-12-59

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 *Ray E. Williams*

Licensed Embalmer No. 486

P. O. Address *Camden*

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.