THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002320
STATE FILE NUMBER

FILED FEB 4 1959

Registration District No. 272 Primary Registration District No. 4403 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN Steele — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dunklin
c. CITY OR TOWN Steele — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) So Walnut — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Arthur Middle D Last Fielder
4. DATE OF DEATH: Month 1 Day 11 Year 59
5. SEX: M
6. COLOR OR RACE: White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 3-23-1884
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 9 Days 18 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Tenn
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: William Fielder
13b. MOTHER'S MAIDEN NAME: Dena Livingston
14. NAME OF HUSBAND OR WIFE: Myrtle Fielder
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs A D. Fielder — Address: Steele Mo

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic Heart Disease — 2-3 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 11/58 to 1/11/59 and last saw him alive on 1/11/59
Death occurred at 10:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Cecil E. Holcomb (Degree or title) M.D
22b. ADDRESS: Steele Mo.
22c. DATE SIGNED: 1/16/59.

23a. BURIAL, CREMATION, REMOVAL (Specify): Buried
23b. DATE: 1-13-59
23c. NAME OF CEMETERY OR CREMATORY: Mt Zion
23d. LOCATION (City, town, or county) (State): Steele Mo
24. FUNERAL DIRECTOR: Jernigan Funeral Home — ADDRESS: Steele Mo
25. DATE RECD. BY LOCAL REG.: 1-21-59
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

FEB 11 1959

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 Neal C Sean

Licensed Embalmer No. 3941

P. O. Address Carrollton

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.

FEB 2 1959
CARUTHERSVILLE, MO.