

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005104

STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 248

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Nixa, Rt. #1</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>5 miles NW</b>	

3. NAME OF DECEASED (Type or print) First <b>JOSEPH</b> Middle <b>FREDRICK</b> Last <b>ARNDT</b>			4. DATE OF DEATH <b>March 7, 1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 7, 1959</b>	9. AGE (In years last birthday) <b>0</b>	FUNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>13</b> Min.	IF UNDER 24 HRS. Hours <b>13</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>- - -</b>	11. BIRTHPLACE (City and state or country) <b>Baptist Hospital Springfield, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Curtis F. Arndt</b>	13b. MOTHER'S MAIDEN NAME <b>Dorothy Walker</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Curtis F. Arndt, Rt. 1, Nixa, Mo.</b>
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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) <b>Respiratory Failure</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>febrility</b>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>7735</b>		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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <b>3/7/59</b> , to <b>3/7/59</b> and last saw <sup>her</sup> alive on <b>3/7/59</b> Death occurred at <b>4:00 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Egan L. ...</i> (Degree or title)	22b. ADDRESS <b>Springfield, Mo</b>	22c. DATE SIGNED <b>3/10/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>3/8/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>McCConnell Cemetery</b>	23d. LOCATION (City, town, or county) <b>Nixa, Missouri</b>
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24. FUNERAL DIRECTOR <i>Dean Harris</i>	ADDRESS <b>Clever, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-13-59</b>	26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

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 ..... *J. Sean Harris* .....

*An external pack used*

Licensed Embalmer No. *4390* .....

P. O. Address ..... *Cleveland, Mo.* .....

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.