

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009853
STATE FILE NUMBER

FILED MAR 19 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 143

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Joplin 049.50
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's		Length of stay in 1b 53 years	d. STREET ADDRESS (If outside, give location) 616 N. Byers
3. NAME OF DECEASED (Type or print) First Vera Middle Clyde Last Arnold			4. DATE OF DEATH Month March Day 8, Year 1959
5. SEX Female 1	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 Sept. 3, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (City and state or country) Carthage, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Everett Fredrick	
13b. MOTHER'S MAIDEN NAME Julia M. Wilmot		14. NAME OF HUSBAND OR WIFE Mercer Arnold	
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 Julia Arnold
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Failure</u>		INTERVAL BETWEEN ONSET AND DEATH acute	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Adrenal insufficiency</u>			
DUE TO (c) <u>Carcinoma of pancreas.</u>		2 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 157X			
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.) 157X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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
21. I attended the deceased from 1951 to March 8, 1959 and last saw her alive on March 8, 1959 Death occurred at 12:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Alfred [Signature]</i> (Degree or title) M.D.		22b. ADDRESS 607 Frisco Bldg. Joplin, Missouri	22c. DATE SIGNED 3-10-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 11, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) WEBB CITY Joplin, Missouri
24. FUNERAL DIRECTOR Thornhill-Dillon Joplin, Missouri		25. DATE RECD. BY LOCAL REG. 3-13-1959	26. REGISTRAR'S SIGNATURE <i>Dore Merriam</i>

All diseases in Part I must be causally related.

MAR 30 1960

MS FEB 1 0 1960

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 *Robert C. Rollin*

Licensed Embalmer No. *5062*

P. O. Address *Joplin, 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.