Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017166
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Boonville — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph Hospital — Length of stay in Ib: 1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cooper
c. CITY OR TOWN: Boonville — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 814 E. Spring St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: John Middle: A. Last: McArthur.

4. DATE OF DEATH: Month: May Day: 30 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Apr. 30, 1872
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister & Missionary Presbyterian
10b. KIND OF BUSINESS OR INDUSTRY: Presbyterian
11. BIRTHPLACE (City and state or country): Cooper County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Alexander McArthur.
13b. MOTHER'S MAIDEN NAME: Jane Maria Buchanon
14. NAME OF HUSBAND OR WIFE: ~~Laura Cleland McArthur~~

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. Laura McArthur, Address: Boonville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Lobar Pneumonia RLL — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 490X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic Heart Disease c̄ Congestive failure
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 5-30-59, to 5-30-59 and last saw him alive on 5-30-59
Death occurred at 3:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: William A. Welch, MD (Degree or title)
22b. ADDRESS: 329 MAIN BOONVILLE, MISSOURI
22c. DATE SIGNED: 6-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 2nd 1959
23c. NAME OF CEMETERY OR CREMATORY: Walnut Grove
23d. LOCATION (City, town, or county) (State): Boonville, Mo.

24. FUNERAL DIRECTOR: Goodman & Boller, ADDRESS: Boonville, Mo.
25. DATE RECD. BY LOCAL REG.: 6/2/59
26. REGISTRAR'S SIGNATURE: R. Hooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted. All diseases in Part I must be causally related.

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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 William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville, Mis

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.