ealth,
Welfare
ublic
ervice

300
–57

X

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-023935
STATE FILE NUMBER

JUL 1 1959 Registration District No. 366 Primary Registration District No. Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Walton — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 14 mi. W. Potosi — Length of stay in 1b: Hour

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

3. NAME OF DECEASED (Type or print) — First: HAROLD — Middle: WILLIAM — Last: ARNOLD
4. DATE OF DEATH — Month, Day, Year: June, 24, 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Aug.2,1926
9. AGE (In years last birthday): 32 — 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): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: MFA Feed Co.
11. BIRTHPLACE (City and state or country): Ste.Genevieve,Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William S. Arnold
13b. MOTHER'S MAIDEN NAME: Anna E. Hoffman
14. NAME OF HUSBAND OR WIFE: Leatha Hurst Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes — WW 11
16. SOCIAL SECURITY NO.:
17. INFORMANT — Address: Eugene Arnold, St.Genevieve,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Burns (gasoline)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Being trapped in burning truck
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Overturned truck
20c. TIME OF INJURY — Hour: 1 p.m. — Month, Day, Year: 6/24/59
20d. INJURY OCCURRED WHILE AT WORK X NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
20f. CITY, TOWN, OR LOCATION: W.of Potosi — COUNTY: Wash. — STATE: Mo.

21. XXXXXXXXXXXXXXXXXXXXXXXXXXXX to XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Death occurred at about 1 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. L. Gibson D.C. Coroner
22b. ADDRESS: Potosi, Mo.
22c. DATE SIGNED: 6/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/27/59
23c. NAME OF CEMETERY OR CREMATORY: Valle Spring
23d. LOCATION (City, town, or county) (State): Ste. Genevieve, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Basler Funl.Home,Ste.Genevieve
25. DATE RECD. BY LOCAL REG.: 6/30/59
26. REGISTRAR'S SIGNATURE: [signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 7 1959

FEB 19 1951

WASH. COUNTY HEALTH DEPT.

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 Leo e. Basler

Licensed Embalmer No. 1985

P. O. Address ....Ste. Genevieve

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.