

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037336

FILED VS OCT 20 1959 16

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 395

INDEXED

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Perry					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in lb 41Y; 3M; 4 das.		c. CITY OR TOWN Perryville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Unknown		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First WALTER Middle W. Last ARNOLD				4. DATE OF DEATH Month October Day 10 , Year 1959					
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 15, 1879		9. AGE (last birthday) 79	
						IF UNDER 1 YEAR Months 11 Days 25 Hours Min. 		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason				10b. KIND OF BUSINESS OR INDUSTRY Mine LaMotte, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME William Arnold			13b. MOTHER'S MAIDEN NAME Elizabeth Glallup			14. NAME OF HUSBAND OR WIFE			
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 Records, State Hospital No. 4, Farmington Mo. Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis - - - - -								INTERVAL BETWEEN ONSET AND DEATH 11 das.	
DUE TO (b) Arteriosclerotic Heart Disease - - - - -								Unknown.	
DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <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 Oct. 26, 1952 to Oct. 10, 1959 and last saw him live on Oct. 10, 1959 Death occurred at 5:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>John A. Brennan, M.D.</i> (Degree or title)				22b. ADDRESS State Hospital No. 4 Farmington, Missouri				22c. DATE SIGNED 10-15-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 12, 1959		23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		23d. LOCATION (City, town, or county) (State) Farmington, Missouri			
24. FUNERAL DIRECTOR Miller Funeral Home, Farmington, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. Oct. 15 1959		26. REGISTRAR'S SIGNATURE <i>Catherine Redloff</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Paul H. Hays*

Licensed Embalmer No. 4120

P. O. Address Farmington

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.