SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020910

TMENT OF PUBLIC HEALTH AND WELFARE

Dr. Schroff

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 606

FILED JUN 26 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD — Length of stay in 1b 70 YRS.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY GREENE
c. CITY OR TOWN SPRINGFIELD — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1318 E. BENNETT — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROY Middle L. Last ARNOLD

4. DATE OF DEATH Month JUNE Day 19 Year 1961

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/3/81
9. AGE (last birthday) 80
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED U.S. DEPUTY CLERK & COMMISSIONER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) COMMERCE, MO.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME GEORGE W. ARNOLD
13b. MOTHER'S MAIDEN NAME LOUISA BUSSART
14. NAME OF HUSBAND OR WIFE PEARL M. ARNOLD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
17. INFORMANT PEARL M. ARNOLD, Address SPRINGFIELD, MO.

INSTEAD OF

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) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis — 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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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

SHOULD READ

21. I attended the deceased from 6-18-61, to 6-19-61 and last saw him alive on 6-19-61
Death occurred at 5:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carle H. Schroff (Degree or title) M.D.
22b. ADDRESS 1630 N. Jefferson Springfield Mo.
22c. DATE SIGNED 6-19-61

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 6/21/61
23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY
23d. LOCATION (City, town, or county) SPRINGFIELD, MO. (State)

24. FUNERAL DIRECTOR H.H. LOHMEYER FUNERAL HOME
ADDRESS SPRINGFIELD, MO.
25. DATE RECD. BY LOCAL REG. 6-19-61
26. REGISTRAR'S SIGNATURE Effie L. Melton

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1951

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 2727

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.