

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007388

STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 6

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 4 1963

VS 300
Rev. 4/59

10510

20510-

3

4 1

5 0

6

7 0

8 2

9763.5

10

11

123-0

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington (township) Length of stay in 1b		c. CITY OR TOWN Whiteman Air Force Base Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION USAF Hospital		d. STREET ADDRESS (If outside, give location) 936 Summit Circle Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Anna Middle Marie Last Arnold		4. DATE OF DEATH Month February Day 23 Year 1963	
5. SEX Female	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 23 Feb 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY USAF Hospital	9. AGE (last birthday) ***** IF UNDER 1 YEAR Months Days Hours Min. 25
11. BIRTHPLACE (City and state or country) Whiteman AFB Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Paul Arnold Jr.		13b. MOTHER'S MAIDEN NAME Shirley M Storey	
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 No)	
16. SOCIAL SECURITY NO.		17. INFORMANT Paul Arnold Jr., Whiteman AFB, Mo. Address 936 Summit Circle	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxia and Prematurity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Maternal Pneumonia DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 12:05 to 12:25 PM and last saw her ^{her} alive on 12:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert H Duemler (Degree or title) ROBERT H DUEMLER, CAPT USAF		22b. ADDRESS USAF Hospital Whiteman Air Force Base, Mo	
22c. DATE SIGNED 23 Feb 63 (State)		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb. 25, 1963 23c. NAME OF CEMETERY OR CREMATORY Knob Noster Cemetery 23d. LOCATION (City, town, or county) Knob Noster, Mo.	
24. FUNERAL DIRECTOR Sweeney-Phillips, Warrensburg, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. Feb 25-63 26. REGISTRAR'S SIGNATURE Carma L. Beatty	

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

EXTERNALLY

I hereby certify that the body whose name is recorded on the reverse side of this certificate was externally embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Keokuk, 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.