

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021262

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5122

FILED MAY 27 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1				
202696				
3				
4				
5				
6				
7				
8				
9	ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	
10				
11				
12 69-3				
13	69			

1. PLACE OF DEATH.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>St. Louis</u>		a. STATE <u>Mo.</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Jefferson City</u>	
Length of stay in 1b <u>3 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Pacific Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>1206 OAK</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First <u>Roy</u> Middle <u>Lee</u> Last <u>Arney</u>			Month <u>May</u> Day <u>8</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 9, 1914</u>
9. AGE (last birthday) <u>48</u>		IF UNDER 1 YEAR	IF UNDER 24 HR
		Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BRAKE MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and state or country) <u>Olean, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>AMERICAN</u>			
13a. FATHER'S NAME <u>Charles Roscoe Arney</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ellen Wiser</u>	
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 <u>no</u>)	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Ronald Arney</u> Address <u>Jeff. City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Bilateral Hemorrhage from multiple rib fractures; 2. Fracture of the neck; suffered when deceased jumped from window to ground below at Missouri Pacific Hospital on May 9, 1963.</u>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Suicide 978X</u>			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
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>			20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>See above</u>			
20c. TIME OF INJURY Hour <u>?</u> Month, Day, Year <u>5-9-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>Hospital</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis, Mo.</u>	
20f. COUNTY <u>Mo.</u>		20f. STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____			
Death occurred at <u>6:20 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Helene L. Taylor, Coroner</u>		22b. ADDRESS <u>1300 Clark Ave.</u>	
22c. DATE SIGNED <u>5-13-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 12, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cem.</u>		23d. LOCATION (City, town, or county) <u>Cole County Missouri</u>	
24. FUNERAL DIRECTOR <u>TANNER FUNERAL HOME - JEFF. CITY</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 13 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>			

USE BLACK INK OR TYPEWRITER RIBBON

MAY 29 1963

MAY 27 1968

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 *Omec Howard Jones*

Licensed Embalmer No. 4411

P. O. Address Belle Me

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.