

FILED SEP 10 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28190

Do not use this space.

1. PLACE OF DEATH

(a) County Da. Nalb Registration District No. 263
 (b) Township Dallas rural Primary Registration District No. 5366
 (c) City - (d) Street No. -
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Halleck H. Arnold

(a) Residence, No. - St. -
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF -
 (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 09 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) Retired
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pattersonburg Mo.13. NAME Eli Arnold14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Stan15. MAIDEN NAME Rosie Wilson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madaway Co.17. INFORMANT Mr. Charles Fraser
(ADDRESS) Industrial City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highpoint cem DATE Aug 2419. FUNERAL DIRECTOR (NAME) Tracy Gray
(ADDRESS) St. Joseph Mo.20. FILED Aug 22 1941 James Fitzgerald
Agent Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22 194122. I HEREBY CERTIFY, That I attended deceased from -, 19-, to -, 19-.

I last saw him - alive on - 19-. Death is said to have occurred on the date stated above, at 9:45 am.

The principal cause of death and related causes of importance were as follows:

Gunshot wound through heart

Date of onset

Other contributory causes of importance: 164

Name of operation - Date of -
 What test confirmed diagnosis? - Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? gunshot Date of injury 8/22 1941
 Where did injury occur? at farm home

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gunshot
 Nature of injury gunshot wound through heart

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. R. B. Richmond M. D.(Address) Shawville

Licensed Embalmer's Statement on Reverse Side

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

Registered Apprentice No., working under my personal supervision.

Signed

Victor J. Barry

Licensed Embalmer No.

4212

P. O. Address

St Joseph 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 this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28190

Registration District No. 263

Primary Registration District No. 5366

Registrar's No.

1. PLACE OF DEATH:

(a) County De Kalb
(b) City or town Dallas rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Kallick H. Arnold

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____ (City, town, or county) _____ (State or foreign country)

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Aug 22-41 (b) James Fitzgerald
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County De Kalb
(c) City or town rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____ Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

2. The second section focuses on the role of technology in modern record-keeping. It highlights how digital tools and software can significantly reduce the risk of human error and improve the efficiency of data management. The author argues that adopting advanced technologies is not just a convenience but a necessity for staying competitive in today's fast-paced market.

3. The third part of the document addresses the challenges associated with data security and privacy. It notes that as organizations collect and store more information, the potential for data breaches increases. To mitigate these risks, the text recommends implementing strong security protocols, including encryption and regular security audits. It also stresses the importance of educating employees about data protection best practices.

4. The fourth section discusses the legal and regulatory requirements that govern record-keeping. It mentions that various industries are subject to specific laws and regulations that dictate how data must be stored, accessed, and disposed of. Organizations must stay up-to-date with these regulations to avoid legal penalties and ensure compliance.

5. The final part of the document provides a summary of the key points discussed. It reiterates that effective record-keeping is a multifaceted task that requires a combination of technology, security measures, and adherence to legal standards. The author concludes by encouraging organizations to view record-keeping as a strategic investment that can lead to better decision-making and long-term success.