

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27260

State File No.

Registrar's No.

Registration District No. 384

Primary Registration District No. 4227

1. PLACE OF DEATH:

(a) County: West Plains mo
(b) City or town: West Plains
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 14 mo (Specify whether

In this community: 14 mo
years, months or days)

3. (a) PRINT
FULL NAME

Vernon Ray Arnold

3. (b) If veteran,
name war: ✓

3. (c) Social Security
No. ✓

4. Sex: mo

5. Color or
race: w

6. (a) Single, widowed, married,
divorced: Infant

6. (b) Name of husband or wife: ✓

6. (c) Age of husband or wife if
alive: ✓ years

7. Birth date of deceased: Apr 1 - 1941

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

hr.

min.

9. Birthplace: West Plains

(City, town, or county)

(State or foreign country)

10. Usual occupation:

11. Industry or business:

12. Name: Chas Arnold

13. Birthplace: West Plains

(City, town, or county)

(State or foreign country)

14. Maiden name: Spence Lewis

15. Birthplace: Rockledge Co

(City, town, or county)

(State or foreign country)

16. (a) Informant: C. Arnold

(b) Address: West Plains, mo

17. (a)

(Burial, cremation, or removal)

(b) Date of burial:

(Month)

(Day)

(Year)

(c) Place: burial or cremation: New Home Land

18. (a) Signature of funeral director: Robert W. ...

(b) Address: West Plains, mo

19. (a)

(Data received local registrar)

(b)

(Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: mo (b) County: Harvey
(c) City or town: West Plains
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 10
year 42 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 4
1942 to June 10 1942
that I last saw him alive on June 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:

Heart failure
caused by aortic insufficiency
due to aortic valve disease
and that death occurred on the date and hour stated above.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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: J. H. Bingham (M. D. or other)

Address: West Plains, mo Date signed: June 10 - 42

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

1125

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8

District File Number 742601

Date Filed 8-19-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.