No. 300
10-48

FILED JAN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42878

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6201 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Sargent
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY: 107
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 0
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Adeline
b. (Middle): Alma
c. (Last): Arwood

4. DATE OF DEATH (Month) (Day) (Year): Dec 21 1948

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb 21 1898
9. AGE (In years last birthday): 50 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS/OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Neb.
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Henry Lewis Tieder
13b. MOTHER'S MAIDEN NAME: Minnie Lampfear
14. NAME OF HUSBAND OR WIFE: Leonard Arwood
ADDRESS: R#3 Willow Springs Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Leonard Arwood
ADDRESS: R#3 Willow Springs Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Renal Calculi
DUE TO (c) Pyelonephritis

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, Obesity

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1947, *to* Dec 21, 1948, *that I last saw the deceased alive on* Dec 21, 1948, *and that death occurred at* 3.50 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Garrett Hogg Jr M.D.
(Degree or title):
23b. ADDRESS: Cabool Mo.
23c. DATE SIGNED: 12-21-48

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 24-48
24c. NAME OF CEMETERY OR CREMATORY: Cabool
24d. LOCATION (City, town, or county) (State): Cabool Texas Co Mo.

DATE REC'D BY LOCAL REG.: Dec 23
REGISTRAR'S SIGNATURE: Gaynell Cunningham 325
25. FUNERAL DIRECTOR'S SIGNATURE: Gaylord V. Elliott
ADDRESS: Cabool Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-8-49
District Health Office No. 6,
District File Number 1149 24
Date Filed 1-13-49

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 ..... Student Embalmer

Signed Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address Cahool

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.