No. 300
10-48

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

FILED MAR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9706

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington Rural St. Francois
c. LENGTH OF STAY (in this place): 2 das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri State Hospital No. 4

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

3. NAME OF DECEASED (Type or Print)
a. (First): NEWTON
b. (Middle): JACKSON
c. (Last): ARNOLD.

4. DATE OF DEATH (Month) (Day) (Year): Mar. 13 - 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: October 1889
9. AGE (In years last birthday): 59 — 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): Carpentry and former street car motorman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sharp County, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: F. M. Arnold
13b. MOTHER'S MAIDEN NAME: Sirreney Williams
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491-18-6672
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Records State Hospt.No.4,Farmington,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.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia, terminal — 3 das.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Bilateral pulmonary tuberculosis — Unknown.

DUE TO (c) Congestive Heart Failure — Unknown.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

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* March 11, *19* 49 *to* March 13, *19* 49, *that I last saw the deceased alive on* March 13, *1949*, *and that death occurred at* 11:10 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John A. Brennan M.D. 3/16/49
23b. ADDRESS: State Hospital No.4,Farmington,Mo.
23c. DATE SIGNED: 3-16-49.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar.17,1949
24c. NAME OF CEMETERY OR CREMATORY: Field Creek Cem.
24d. LOCATION (City, town, or county) (State): Mammoth Springs, Ark.

DATE REC'D BY LOCAL REG.: Mar. 16, 1949
REGISTRAR'S SIGNATURE: Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Carter Funeral Home, Thayer, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Health Officer No. 4
ct File Number 349-403
illed 3-21-49

NOV 2 1949

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 Berl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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, fact should be so stated above.