

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13133

BIRTH NO. _____		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>5770</u>		Registrar's No. <u>25</u>			
1. PLACE OF DEATH a. COUNTY <u>MERCER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>MERCER</u>					
b. CITY OR TOWN <u>RURAL MADISON TOWNSHIP</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>RURAL MADISON TOWNSHIP</u>		d. STREET ADDRESS (If rural, give location) _____			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>ADAM</u> c. (Last) <u>ARNOTE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 27 1949</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN-5-1860</u>			
9. AGE (in years last birthday) <u>89</u>		10. MONTHS <u>2</u>		11. DAYS <u>22</u>		12. HOURS <u>2</u> MIN. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MO. MERCER CO. U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>WILLIAM ARNOTE</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZA OWEN</u>			14. NAME OF HUSBAND OR WIFE <u>HATTIE ARNOTE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MILDRED STEWART</u> ADDRESS <u>SPICKARD MO.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 weeks</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>522T</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>					
22. I hereby certify that I attended the deceased from <u>Mar 27</u> , 19 <u>49</u> , to <u>Mar 27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-27, 1949</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>E.W. Ewing M.D.</u> (Degree or title)				23b. ADDRESS <u>Spickard MO</u>		23c. DATE SIGNED <u>3-28-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 29 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WILD CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>GRUNDY CO. MO.</u>			
DATE REC'D BY LOCAL REG. <u>4-4-49</u>		REGISTRAR'S SIGNATURE <u>M. J. Kutt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schools Funeral Home Spickard MO.</u> ADDRESS _____					

(Licensed Embalmer's Statement on Reverse Side)

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

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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.

Signed..... *Ross Niss* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3771*

P. O. Address *Spickard 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.