

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED APR 18 1949

State File No. **13470**

Registrar's No. **10**

BIRTH NO. _____		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 6043		State File No. 13470		Registrar's No. 10		
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY RIPLEY Washington Twp.					a. STATE MISSOURI b. COUNTY RIPLEY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FAIRDEALING			c. LENGTH OF STAY (in this place) 3 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FAIRDEALING					
d. FULL NAME OF HOSPITAL OR INSTITUTION Home - FAIRDEALING, Mo.					d. STREET ADDRESS (If rural, give location) 					
3. NAME OF DECEASED					4. DATE OF DEATH					
a. (First) GEORGE		b. (Middle) SHELBY		c. (Last) ARNOLD		(Month) 1 (Day) 26 (Year) 1949				
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 12-30-1894		9. AGE (in years last birthday) 54		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Guard		10b. KIND OF BUSINESS OR INDUSTRY Civil Service Police		11. BIRTHPLACE (State or foreign country) ARKANSAS			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James T. Arnold			13b. MOTHER'S MAIDEN NAME Mintie J. Shultz			14. NAME OF HUSBAND OR WIFE 				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. 495-16-6965		17. INFORMANT'S SIGNATURE OR NAME J. F. Arnold - FAIRDEALING, Mo.				ADDRESS 	
18. CAUSE OF DEATH					MEDICAL CERTIFICATION					
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.					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis					
					ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
					DUE TO (b) 					
					DUE TO (c) 					
II. OTHER SIGNIFICANT CONDITIONS					INTERVAL BETWEEN ONSET AND DEATH					
Conditions contributing to the death but not related to the disease or condition causing death. 4201										
19a. DATE OF OPERATION none			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 November, 1948 , to 26 Jan., 1949 , that I last saw the deceased alive on 10 Jan., 1949 , and that death occurred at 10:30 A.M. , from the causes and on the date stated above.										
23a. SIGNATURE J. F. Arnold M.D. (Degree or title)					23b. ADDRESS Doniphan, Mo.			23c. DATE SIGNED 28 Jan. 1949		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-28-1949		24c. NAME OF CEMETERY OR CREMATORY FAIRDEALING Cemetery		24d. LOCATION (City, town, or county) (State) FAIRDEALING Mo.				
DATE REC'D BY LOCAL REG. 4-7-49		REGISTRAR'S SIGNATURE E. W. Johnston			25. FUNERAL DIRECTOR'S SIGNATURE L. W. Edwards		ADDRESS Doniphan, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5,

District File Number 449267

Date Filed 4-12-49

APR 13 1949

MAY 4 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.

Signed Carl B. Bird

Signed _____
Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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.