

FILED AUG 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22544

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 5120		Registrar's No. 193	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia			
d. FULL NAME OF HOSPITAL OR INSTITUTION E. Suburbs				d. STREET ADDRESS (If rural, give location) E. Suburbs			
3. NAME OF DECEASED (Type or Print)		a. (First) ANNIE		b. (Middle) ELIZA		c. (Last) ARNOLD	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 4, 1863	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John Guthrie Walker		13b. MOTHER'S MAIDEN NAME Fannie Asenath Harper		14. NAME OF HUSBAND OR WIFE William Mosby Arnold			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W.E. Woody, Columbia, Missouri.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Heart) of Hypertension</u> DUE TO (c) <u>Senile Debility</u> 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 <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-11-48, 1948, to 6-29, 1948, that I last saw the deceased alive on 6-29, 1948, and that death occurred at 11:30 P.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. E. Woody</u>		23b. ADDRESS <u>Columbia, Mo.</u>		23c. DATE SIGNED 7-30-49			
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE July 30, 1949		24c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery		24d. LOCATION (City, town, or county) (State) Butler, Missouri.	
DATE REC'D BY LOCAL REG. July 30 1949		REGISTRAR'S SIGNATURE Mrs R. E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Garner Funeral Service, Columbia, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
AUG 2 1919
District Health Officer No. 91
District File Number

JUN 13 1919

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 _____

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.