

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23091

BIRTH NO.		REG. DIST. NO. 128	PRIMARY REG. DIST. NO. 2000	Registrar's No. 687
1. PLACE OF DEATH a. COUNTY Greens		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		
c. LENGTH OF STAY (in this place) 202 Days		d. STREET ADDRESS (If rural, give location) 212 South Maple Street 3		
d. FULL NAME OF HOSPITAL OR INSTITUTION O'Reilly VA Hospital 0				
3. NAME OF DECEASED (Type or Print) a. (First) Arthur		b. (Middle) C.		c. (Last) HIDDLE
4. DATE OF DEATH August 1, 1949				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15, 1892	9. AGE (In years last birthday) 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead Mining	11. BIRTHPLACE (State or foreign country) Carthage, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Martha Hiddle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 490-20-1065		17. INFORMANT'S SIGNATURE OR NAME ADDRESS O'Reilly VA Hospital, Springfield, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary, chronic, reinfection type, far advanced, active. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized. Nephrosclerosis. Pericarditis, adhesive. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 002X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (Minute)		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 Jan. 10, 1949, to August 1, 1949, that I last saw the deceased alive on August 2, 1949, and that death occurred at 9:25 P.M., from the causes and on the date stated above.				
23a. SIGNATURE PAUL L. EISELE, MD, Clinical Director		23b. ADDRESS O'Reilly VA Hospital Springfield, Missouri		23c. DATE SIGNED Aug. 2, 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-3-49		24c. NAME OF CEMETERY OR CREMATORY Unknown
24d. LOCATION (City, town, or county) (State) Jasper Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gorman Schapp, Springfield, Mo.		
DATE REC'D BY LOCAL REG. 8/3/49		REGISTRAR'S SIGNATURE W. J. Standley MD		

(Licensed Embalmer's Statement on Reverse Side)

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

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

L. Dookie Gorman

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.