

FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27596

State File No.

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

| | | | | |
|---|--|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>274</u> | PRIMARY REG. DIST. NO. <u>3052</u> | Registrar's No. <u>280</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Sedalia</u>) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warsaw</u> | | |
| c. LENGTH OF STAY (In this place) <u>6 hrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>Route # 1</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARILEE</u> | | b. (Middle) <u>JOYCE</u> | | c. (Last) <u>ARNOLD</u> |
| 4. DATE OF DEATH <u>AUG. 18, 1949</u> | | | | |
| 5. SEX <u>Fe</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Sept. 15, 1937</u> | 9. AGE (In years last birthday) <u>11</u> Months <u>11</u> Days <u>3</u> Hours <u></u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | | 11. BIRTHPLACE (State or foreign country) <u>Warsaw, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | |
| 13a. FATHER'S NAME <u>Willard Arnold</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sylvia Davis</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Willard Arnold, Warsaw, Missouri</u> ADDRESS |
| 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>Acute Poliomyelitis, Bulbar.</u> ANTECEDENT CAUSES <u>None other.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>None.</u> Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days.</u> <u>0800</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>None.</u> | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</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) <u>None.</u> | 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 <u>August 18th, 1949</u> to <u>August 18th, 1949</u> , that I last saw the deceased alive on <u>Aug. 18th, 1949</u> , and that death occurred at <u>9:07 P.M.</u> , 19 <u>49</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Sedalia, Missouri.</u> | | 23c. DATE SIGNED <u>8-19-49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Aug. 20, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u> | 24d. LOCATION (City, town, or county) (State) <u>Benton County, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>8-19-49</u> | REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u> | 25. FURNERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u> ADDRESS <u>Warsaw, Mo.</u> | | |

(Licensed Embalmer) Statement on Reverse Side

RECEIVED AUG 22
District Health Officer No. 8,
District File Number _____
Date Filed 8-24-49

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 _____
Student Embalmer

Signed John J. Reser
Licensed Embalmer No. 4098
P. O. Address Warsaw, Missouri

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.