

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 8 1949

State File No. **31166**

BIRTH NO. _____		REG. DIST. NO. 237		PRIMARY REG. DIST. NO. 5820		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, write RURAL and give township) St. Robert		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits) write RURAL and give township) St. Robert, Mo.		TOWN no. 72	
d. FULL NAME OF HOSPITAL OR INSTITUTION none				d. STREET ADDRESS (If rural, give location) Arlinson Jwp.			
3. NAME OF DECEASED (Type or Print) JAMES. ARKIN. LaRue			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 9-27-1949	
5. SEX Male (M)	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH July 18, 1949	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2	IF UNDER 2 HRS. Days 9	IF UNDER 24 HRS. Hours 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child		11. BIRTH PLACE (State or foreign country) Bardwell, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Armin Lake		13b. MOTHER'S MAIDEN NAME Loretta McCoy		14. NAME OF HUSBAND OR WIFE Child			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Armin & Loretta Lake ADDRESS Armin Lake			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia ANTECEDENT CAUSES Malnutrition DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS None Conditions contributing to the death but not related to the disease or condition causing death.				INSET BETWEEN ONSET AND DEATH 1 day 7720	
19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 25 Sept, 1949 to 27 Sept, 1949 , that I last saw the deceased alive on 27 Sept, 1949 , and that death occurred at 2:0 pm. , from the causes and on the date stated above.							
23a. SIGNATURE Charles W. Wham (Degree or title) _____				23b. ADDRESS Walden, Mo.		23c. DATE SIGNED 27 Sept 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-28-1949	24c. NAME OF CEMETERY OR CREMATORY Stanfield		24d. LOCATION (City, town, or county) (State) near Clarkton		
DATE REC'D BY LOCAL REG. 9-28-49		REGISTRAR'S SIGNATURE Mr. Byron Ship		25. FUNERAL DIRECTOR'S SIGNATURE Walter Russell		ADDRESS Clarkton	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 29
District Health Office N
District File Number 1049-5
Date Filed

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 _____

Signed
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.