

THE DIVISION OF HEALTH OF MISSOURI
 FILED OCT 10 1949 STANDARD CERTIFICATE OF DEATH

31407

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Iberia</u>	
c. LENGTH OF STAY (In this place) <u>13</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Isabelle</u>	b. (Middle)	c. (Last) <u>Arnold</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>24</u> <u>49</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Feb. 19, 1878</u>	9. AGE (In years last birthday) (If under 1 year: Months) (If under 24 hrs: Hours) (Min.) <u>71</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. Specify if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Iberia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Ferguson</u>	13b. MOTHER'S MAIDEN NAME <u>Dorcas Shelton</u>	14. NAME OF HUSBAND OR WIFE <u>George Arnold</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dorsey Arnold</u>	ADDRESS <u>Iberia, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis (Pneumonia)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Renal - Chronic degeneration & failure</u> DUE TO (c) <u>Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4427</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9/20, 1949, to 9/24, 1949; that I last saw the deceased alive on 9/24, 1949, and that death occurred at 2:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. R. J. Adams</u>	23b. ADDRESS <u>Waynesville, Mo.</u>	23c. DATE SIGNED <u>9/24/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/26/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Iberia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Iberia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-3-49</u>	REGISTRAR'S SIGNATURE <u>Shelma C. Buckthorn</u>	589	25. FUNERAL DIRECTOR'S SIGNATURE <u>Erwin L. Adams</u>	ADDRESS <u>Iberia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 3 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 _____

Lesan L. Adams

Signed _____

Student Embalmer

Licensed Embalmer No. *4207*

P. O. Address _____

Theriac, 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.