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FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40136**

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>3005</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Butler</u> c. LENGTH OF STAY (in this place) <u>52 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>502 W. Ohio</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u> d. STREET ADDRESS (If rural, give location) <u>502 W. Ohio</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Arnold</u>		4. DATE OF DEATH (Month) <u>Dec.</u> (Day) <u>8</u> (Year) <u>49</u>		5. SEX <u>M</u> <u>W</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 31, 1870</u>		9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR: Months <u>10</u> Days <u>7</u> Hours <u>7</u> Min. <u></u>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		11b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>La Fayette Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John S. Arnold</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret-----</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Arnold</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>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Wesley Arnold, Jr.</u>			
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 Coronary (Heart) Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 8, 1949</u> , to <u>Dec 8, 1949</u> , that I last saw the deceased alive on <u>Dec 8, 1949</u> , and that death occurred at <u>11:30P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Carter W. Butler MD</u> (Degree or title)				23b. ADDRESS <u>Butler Mo.</u>		23c. DATE SIGNED <u>12/12/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 10, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec 12-1949</u>		REGISTRAR'S SIGNATURE <u>Randall Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver-Lunderwood</u> ADDRESS <u>Butler, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

JAN 4 1950

RECEIVED

District Health Officer No.

District File Number 11-49-14

Date Filed 12-20-4

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

Horace H. Hill

Licensed Embalmer No. 4743

P. O. Address Butler, Mo.

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.