

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1975

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Grover	
c. LENGTH OF STAY (In this place) 8 days		d. STREET ADDRESS (If rural, give location) 6 miles no. of Knob Noster	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) E. c. (Last) Arnold			4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1950		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 2/20/1873		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR: Months 10 Days 25 OF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Cooper county, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Cass Arnold		13b. MOTHER'S MAIDEN NAME Cynthia Bales		14. NAME OF HUSBAND OR WIFE Fannie Geary Arnold	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fannie Arnold, Knob Noster, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis		?	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ✓			
DUE TO (c) ✓		4252	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Nephritis			

19a. DATE OF OPERATION ✓		19b. MAJOR FINDINGS OF OPERATION ✓		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Knob Noster Johnson Mo.	
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? ✓	

22. I hereby certify that I attended the deceased from **Dec 1, 1949**, to **Jan 15, 1950**, that I last saw the deceased alive on **Jan 15, 1950**, and that death occurred at **5:05 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. W. Brown M.D.		23b. ADDRESS Knob Noster, Mo.		23c. DATE SIGNED Jan 16, 1950	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan. 17, 1950		24c. NAME OF CEMETERY OR CREMATORY Knob Noster Cemetery		24d. LOCATION (City, town, or county) (State) Knob Noster, Missouri	
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DATE REC'D BY LOCAL REG. 1-23-50		REGISTRAR'S SIGNATURE Betty Yeager Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Raymond Baker Knob Noster Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2804
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RECEIVED

JAN 30

District Health Officer No. 8,

District File Number _____

Date Filed 1-31-50

JUL - 7 1950

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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Thief River, 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.