

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1976

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (In this place) U.S.A.		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia			
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital				d. STREET ADDRESS (If rural, give location) 310 East 26th, C			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGIA		b. (Middle) LUCILLE		c. (Last) ARNOLD		4. DATE OF DEATH (Month) (Day) (Year) Jan. 10, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child		8. DATE OF BIRTH Sept. 17, 1945	
9. AGE (In years last birthday) 4		10. IF UNDER 1 YEAR Months 3 Days 23		10. IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY *****		11. BIRTHPLACE (State or foreign country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Delbert Arnold		13b. MOTHER'S MAIDEN NAME Mamie Spry		14. NAME OF HUSBAND OR WIFE *****			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service)		16. SOCIAL SECURITY NO. *****		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Delbert Arnold, 310 E. 26th,			
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 Sedalia, Mo. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute rheumatic endocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute systemic rheumatism</u> <u>Fever</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 414X				INTERVAL BETWEEN ONSET AND DEATH 17 days 6 weeks	
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) (Min.)		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 12-31, 1949, to Jan 10, 1950, that I last saw the deceased alive on 1-10, 1950, and that death occurred at 2:30 P. M., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. H. H. H.</u>		(Degree or title) D. O.		23b. ADDRESS Woodland Hospital Sedalia		23c. DATE SIGNED 1-13-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/13/50		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
DATE REC'D BY LOCAL REG. 1/13/50		REGISTRAR'S SIGNATURE Betty Yeager Deputy		25. FUNERAL DIRECTOR'S SIGNATURE *****		ADDRESS Sedalia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 16
District Health Officer No. 8,
District File Number _____
Date Filed 1-18-50 _____

Dr. Enochs
Woodland

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 R. E. Baker _____

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.