

No. 300
10.48

FILED JUN 3. 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15852

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BORANCE TWP.		c. LENGTH OF STAY (In this place) LIFETIME	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BORANCE TWP.		d. STREET ADDRESS (If rural, give location) NEAR LEOPOLD	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAR LEOPOLD			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) HENRY c. (Last) ARNZEN			4. DATE OF DEATH (Month) (Day) (Year) MAY 30 1950		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, SINGLE DECEASED (Specify)	8. DATE OF BIRTH AUG. 6, 1867	9. AGE (In years last birthday) 82	# UNDER 1 YEAR Months 9 Days 24
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) BOLLINGER Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME WILLIAM ARNZEN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE DECEASED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME AUGUST W. ARNZEN	ADDRESS LAFIN, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		INTERVAL BETWEEN ONSET AND DEATH 33 IX
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Cerebral hemorrhage		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	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 3/2, 1930, to 5/20, 1950, that I last saw the deceased alive on 5/29, 1950 and that death occurred at 11 m., from the causes and on the date stated above.

23a. SIGNATURE William H. Hines, M.D.	23b. ADDRESS W. LEOPOLD, Mo.	23c. DATE SIGNED 5/24/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-1-50	24c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S CEM.	24d. LOCATION (City, town, or county) (State) W. LEOPOLD, Mo.
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DATE REC'D BY LOCAL REG. May 30 1950	REGISTRAR'S SIGNATURE Willie Van Dumburg	25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME	ADDRESS LUTESVILLE Mo.
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(Licensed Embalmers' Statement on Reverse Side)

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

0090

W. Hines

RECEIVED

JUN 12 1950

DISTRICT HEALTH OFFICE No.

650-752

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.