

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19831

State File No.

BIRTH NO. 40031-50 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>South Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Senath - 0350</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Russell</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LANNY.</u> b. (Middle) <u>RHEW.</u> c. (Last) <u>ARTHUR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6/15-1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>6/14/1950</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days <u>1</u>
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) <u>Kennett Mo.</u>	
13a. FATHER'S NAME <u>Charles Lee Arthur</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Rhew</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Lee Arthur</u> ADDRESS <u>Senath Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis lungs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>premature infant</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>7625</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

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)		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 <u>6-14</u> , 1950, to <u>6-15</u> , 1950, that I last saw the deceased alive on <u>6-15</u> , 1950, and that death occurred at <u>4:25 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>L. C. Wilson</u> (Degree or title)		23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>6-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/15/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hamersville</u>	
24d. LOCATION (City, town, or county) (State) <u>Hamersville Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>W. T. Emerson</u>		24f. ADDRESS <u>Jamesboro Ark</u>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/15/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hamersville</u>	
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DATE REC'D BY LOCAL REG. <u>6-20-50</u>		REGISTRAR'S SIGNATURE <u>Earl Heatsand</u> 90		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. T. Emerson</u> ADDRESS <u>Jamesboro Ark</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT6-22-50.....

COUNTY FILE NUMBER ..650-182.....

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.....

Licensed Embalmer No.....

P. O. Address.....

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.