

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27514

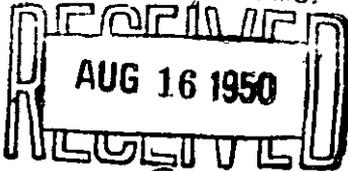
State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>5748</u>		Registrar's No. <u>37</u>	
1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Mine LaMotte Township</u>			c. LENGTH OF STAY (In this place) <u>18 yrs.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Mine LaMotte Township</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>6 mi. N.E. of Fredericktown</u>				d. STREET ADDRESS (If rural, give location) <u>6 mi. N.E. of Fredericktown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u>		b. (Middle) <u>Eli</u>		c. (Last) <u>Arnold</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 16, 1903</u>	
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>1</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm.</u>			11. BIRTHPLACE (State or foreign country) <u>Doe Run, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Milton P. Arnold</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Hawk</u>			14. NAME OF HUSBAND OR WIFE <u>Hazel Irene Arnold</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>495-14-0549</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hazel Irene Arnold - Mine LaMotte, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrocuted by lightning while working on farm in field.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>- -</u> DUE TO (c) <u>- -</u>					<u>89/41</u> <u>3</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>- -</u>							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>- -</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) <u>Mine LaMotte Madison</u>		21d. (STATE) <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>7 - 17 - 50 3:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>From lightning</u>			
22. I hereby certify that I attended the deceased from <u>- -</u> , 19 <u>-</u> , to <u>- -</u> , 19 <u>-</u> , that I last saw the deceased alive on <u>- -</u> , 19 <u>-</u> , and that death occurred at <u>3:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Sam Najin, Jr. 3 Coroner</u>				23b. ADDRESS <u>Fredericktown, Missouri</u>		23c. DATE SIGNED <u>7-19-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 21, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mine LaMotte</u>		24d. LOCATION (City, town, or county) (State) <u>Mine LaMotte, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-12-1950</u>		REGISTRAR'S SIGNATURE <u>Therese Hicks</u>		187		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS & TOWN, MO. <u>Webb-Adams Funeral Service</u>	

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

0620
1120

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 850-112

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

Ernest A. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Fredericktown, 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.