

State File No. **33962**

FILED NOV 2 1950

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 4261		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hurdland</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hurdland</u> <u>0520</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) _____ c. (Last) <u>Arnett</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 1950</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>May 21, 1865</u>	
9. AGE (In years last birthday) <u>85</u>		10. MONTHS <u>0</u> YEARS <u>0</u> DAYS <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Alexandria, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>			
13a. FATHER'S NAME <u>O. Benion M. Coy</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Cockerum</u>		14. NAME OF HUSBAND OR WIFE <u>Dr. Andrew A. Arnett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L. Hedak Crawford</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>High Blood Pressure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced Age</u>			
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 <u>1946</u> to <u>Oct 13, 1952</u> , that I last saw the deceased alive on <u>Oct 11, 1950</u> , and that death occurred at <u>10:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. M. Humphrey</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Brashear</u>		23c. DATE SIGNED <u>10-19-1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>2000th</u>		24d. LOCATION (City, town, or county) (State) <u>Hurdland Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct-24-1950</u>		REGISTRAR'S SIGNATURE <u>W. L. S. Humphrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. B. Casley Jr.</u> ADDRESS <u>Hurdland Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

(257)

Date Received: OCT 26 1950
DISTRICT HEALTH OFFICE *3
District File Number 10-50-1
Date Filed: OCT 31 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

Geoff Hurdland Jr

Licensed Embalmer No. 375.5

P. O. Address

Hurdland M

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.