

FILED NOV 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39483

BIRTH NO. \_\_\_\_\_ REG. DIST. No. 214 PRIMARY REG. DIST. No. 3072 Registrar's No. 227

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall, Mo.</b>		c. LENGTH OF STAY (In this place) <b>31 Yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbons Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>	
		d. STREET ADDRESS (If rural, give location) <b>361 West Boyd</b>	

3. NAME OF DECEASED (Type or Print) <b>Frederick</b>	a. (First)	b. (Middle) <b>William</b>	c. (Last) <b>Arndt</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>November 17-1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 28-1874</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>-</b>	IF UNDER 1 YEAR Days <b>19</b>	IF UNDER 1 HRS. Hours <b>-</b>	IF UNDER 1 HRS. Min. <b>-</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmed-Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Scharjawa Jarosmkow Germany U.S.A</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Christopher Arndt</b>	13b. MOTHER'S MAIDEN NAME <b>Rosie Barch</b>	14. NAME OF HUSBAND OR WIFE <b>May Lynch Arndt</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clarence Arndt-Wichita-Kansas</b>	ADDRESS <b>Wichita-Kansas</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac decompensation &amp; chronic nephritis</b> DUE TO (c) <b>calculus, urinary bladder</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>592X</b>	
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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb, 1950, to 17 Nov, 1950, that I last saw the deceased alive on 17 Nov, 1950, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. F. Leiken, M.D.</b>	23b. ADDRESS <b>Marshall</b>	23c. DATE SIGNED <b>18 Nov. 1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/19/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bridge Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Nov-18-1950</b>	REGISTRAR'S SIGNATURE <b>Sidney J. Gray</b>	305	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. Healy</b>	ADDRESS <b>Marshall, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9720

RECEIVED 11/28/50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 11/28/50

MAR 13 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed

*J. Edwin Summey*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3235

P. O. Address *Marshall 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.