

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 70

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>4030</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martinsburg</u>		c. LENGTH OF STAY (In this place) <u>70</u> years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martinsburg</u>		b. COUNTY <u>Audrain</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Martinsburg, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>no street address</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLEMENT</u>		b. (Middle) <u>W.</u>		c. (Last) <u>ARENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11 1951</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>July 5th 1871</u>	
9. AGE (In years less birthday) <u>79</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>St. Charles County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Theodore Arens</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Watts</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Elizabeth Arens</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>Raymond Arens, Montgomery City, 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>Myocarditis + degeneration</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Shock from fall on ice 5 days previous to death</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 2 2 2 F</u> <u>5 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 <u>Oct 19, 1950</u> , to <u>Jan 11, 1951</u> , that I last saw the deceased alive on <u>Jan 7, 1951</u> , and that death occurred at <u>10:12 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>W. Williams, Mo.</u>		23c. DATE SIGNED <u>1-15-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/13/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Martinsburg, Audrain Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 15 1951</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. B. Wells</u>		ADDRESS <u>Wellsville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JAN 22 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-57-3
Date Filed: FEB 5 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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 1588

P. O. Address. Stillville 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.