

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

11222

State File No. ....

FILED MAR 22 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4478 Registrar's No. 10

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>SCHUYLER</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>SCHUYLER</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>LANCASTER</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>LANCASTER</u>  |  |
| c. LENGTH OF STAY (In this place)  |  | d. STREET ADDRESS (If rural, give location)<br><u>RIP 2</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>RURAL R 2</u>                              |  |   |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>WASHINGTON</u> c. (Last) <u>ARNI</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>MAR 14, 1951</u> |  |  |
|---|--|--|--|--|--|

|                    |                              |  |   |   |                           |                           |                         |
|--------------------|------------------------------|--|---|---|---------------------------|---------------------------|-------------------------|
| 5. SEX<br><u>M</u> | 6. COLOR OR RACE<br><u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u> | 8. DATE OF BIRTH<br><u>Aug 19, 1871</u> | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HRS.<br>Hours | IF UNDER 2 HRS.<br>Min. |
|--------------------|------------------------------|--|---|---|---------------------------|---------------------------|-------------------------|

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>FARMER &amp; BANKER</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>FARMING &amp; BANKING</u> |  | 11. BIRTHPLACE (State or foreign country)<br><u>SCHUYLER CO MO</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |  |
|---|--|---|--|--|--|--|--|

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| 13a. FATHER'S NAME<br><u>JOHN ARNI</u> |  | 13b. MOTHER'S MAIDEN NAME<br><u>SUSAN JONES</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>KATE ARNI</u> |  |  |  |
|--|--|---|--|---|--|--|--|

|   |  |                                       |  |   |  |  |  |
|---|--|---------------------------------------|--|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> |  | 16. SOCIAL SECURITY NO.<br><u>---</u> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Miss Kate Arni Lancaster Mo</u> |  |  |  |
|---|--|---------------------------------------|--|---|--|--|--|

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|---|--|--|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>42 2 2</u> |  |
|---|--|--|--|--|--|---|--|

|                        |  |                                  |  |  |  |   |  |
|------------------------|--|----------------------------------|--|--|--|---|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  |  |  | 20. AUTOPSY?<br>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 1-7, 1951, to 3-14, 1951, that I last saw the deceased alive on 3-14, 1951, and that death occurred at 3-45 P.M., from the causes and on the date stated above.

|   |  |                                       |  |                                    |  |
|---|--|---------------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE (Degree or title)<br><u>R.E. Vaughn V.D.O.</u> |  | 23b. ADDRESS<br><u>Lancaster, Mo.</u> |  | 23c. DATE SIGNED<br><u>3/16/51</u> |  |
|---|--|---------------------------------------|--|------------------------------------|--|

|  |  |                                |  |  |  |   |  |
|--|--|--------------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u> |  | 24b. DATE<br><u>Mar 16, 51</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>ARNI MEMORIAL</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>LANCASTER, MO</u> |  |
|--|--|--------------------------------|--|--|--|---|--|

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG.<br><u>Mar 16 - 51</u> |  | REGISTRAR'S SIGNATURE<br><u>Dr. R. J. Drake</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Everett R. Head Lancaster Mo</u> |  |
|--|--|---|--|---|--|

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

0980  
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JAN 8 1951

Date Received: MAR 20 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 3-57-3  
Date Filed: MAR 20 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 Everett R. Head

Signed.....  
Student Embalmer

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.