

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

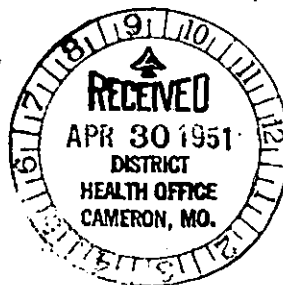
State File No. \_\_\_\_\_

10-10

BIRTH NO. <u>23000-51</u>		REG. DIST. NO. <u>210</u>		PRIMARY REG. DIST. NO. <u>4322</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Mercer</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u> c. LENGTH OF STAY (in this place) <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Axtell Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Mercer</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u> <u>0650</u> d. STREET ADDRESS (If rural, give location) <u>Princeton, Mo.</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>David</u> c. (Last) <u>Arnold</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>14</u> (Year) <u>51</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>baby</u>	
8. DATE OF BIRTH <u>4-12-51</u>		9. AGE (In years last birthday) <u>0</u> 10. MONTHS <u>1</u> 11. DAYS <u>1</u> 12. HOURS <u>1</u> 13. MIN. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Arnold</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Johns</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE AND NAME ADDRESS <u>Mrs. Harry Johns Rodgeway, 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>Asphyxia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>premature</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>5 wks</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) (Minute)	
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>4-12-</u> , 19 <u>51</u> , to <u>4-14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4-14</u> , 19 <u>51</u> , and that death occurred at <u>11:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Douglas L. Peace</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Princeton, Missouri</u>		23c. DATE SIGNED <u>4/14-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trail Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrison Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-21-51</u>		REGISTRAR'S SIGNATURE <u>M. J. Ruth</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Martin Funeral Home Princeton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



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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 \_\_\_\_\_

*Frank Martin*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3760

P. O. Address \_\_\_\_\_

*Princeton, 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.