

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 15 1951

State File No. **16407**
Registrar's No. **2345**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2345			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo				b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN J.C. Mo		c. LENGTH OF STAY (In this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Palo Mo				X	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1310 E. Armore				d. STREET ADDRESS (If rural, give location) 0130					
3. NAME OF DECEASED (Type or Print) M. C. Arnette			a. (First)	b. (Middle)	c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 6 1 51		
5. SEX M. O		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 4-29-1862		9. AGE (In years last birthday) 89	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Ray Co Mo			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Allen S Arnette			13b. MOTHER'S MAIDEN NAME Sarah Taylor			14. NAME OF HUSBAND OR WIFE Orella G.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Carl Arnette			ADDRESS 2410 E. 55th J.C. Mo.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1 yr 5 yr 4201	
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)					
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					
22. I hereby certify that I attended the deceased from 5/15 , 19 51 , to 6/1 , 19 51 , that I last saw the deceased alive on 5/31 , 19 51 , and that death occurred at 5 P m., from the causes and on the date stated above.									
23a. SIGNATURE H. C. Trippe (Degree or title) MD				23b. ADDRESS 1014 Argyle Bldg. 100		23c. DATE SIGNED 6/1/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-1-51		24c. NAME OF CEMETERY OR CREMATORY Prairie Ridge		24d. LOCATION (City, town, or county) (State) Palo Missouri			
DATE REC'D BY LOCAL REG. 6-1-51		REGISTRAR'S SIGNATURE Geraldine Holmes			25. GENERAL DIRECTOR'S SIGNATURE Abspangh & Cowley ADDRESS Palo Mo				

(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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.