

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17524

Registrar's No. 1777

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		State File No. 17524		Registrar's No. 1777	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>					
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>Sedalia</u>				c. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>Sedalia</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hospital # 2</u>				d. STREET ADDRESS (If rural, give location) <u>700 W Pettis</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u> b. (Middle) _____ c. (Last) <u>Arnold</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>5-21-1951</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3-18-1883</u>		9. AGE (In years last birthday) <u>68</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Marshall Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Henry Wallace</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Thornton</u>		14. NAME OF HUSBAND OR WIFE <u>Robert S. Arnold</u>			
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 OR NAME ADDRESS <u>Murphy Sharps Kansas 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of stomach</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary leukemia</u> INTERVAL BETWEEN ONSET AND DEATH _____					
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION <u>151x</u>				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>May 12, 1951</u> , to <u>5-21, 1951</u> , that I last saw the deceased alive on <u>5-21, 1951</u> , and that death occurred at <u>5:30 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>A.R. Maddox M.D.</u>				23b. ADDRESS <u>1166 W. Main</u>				23c. DATE SIGNED <u>5-23-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>5-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall Saline Mo</u>			
DATE REC'D BY LOCAL REG. <u>5/24/51</u>		REGISTRAR'S SIGNATURE <u>R. Carroll</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>D. Ferguson</u>		ADDRESS <u>Sedalia Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 6-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-4-51 _____

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address *Sebelia*

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.