

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17614

BIRTH NO. 23420-51 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4422 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>PULASKI Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Phelps</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wagnessville - Mo</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jerome</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hawitt Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>TENNIS</u> b. (Middle) <u>HURLEY</u> c. (Last) <u>ARTHUR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-24-51</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	8. DATE OF BIRTH <u>4-21-1951</u>	9. AGE (In years last birthday) <u>4 yrs</u>	10. IF UNDER 1 YEAR Months <u>4</u> Days <u>24</u> Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>Floyd Hurley Arthur</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Gabel</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Floyd Hurley Arthur, Jr.</u> ADDRESS <u>Jerome, 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown (spontaneous delivery)</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>2 days 9 hours</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7600</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) m.		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 4-21 1951, to 4-24, 1951 that I last saw the deceased alive on 4-24, 1951, and that death occurred at 7:40 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Engel J. Gushon D.O.</u>		23b. ADDRESS <u>Wagnessville Mo</u>		23c. DATE SIGNED <u>5-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Corn Creek</u>	
24d. LOCATION (City, town, or county) (State) <u>Phelps Co. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred A. Billman</u>		ADDRESS <u>Dixon, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-4-51</u>		REGISTRAR'S SIGNATURE <u>Opal Ray</u> 389		5. L. BILLMAN, D.D.	

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

RECEIVED 5-4-51
Pulaski County Health Officer
File Number
Date Filed 5-4-51

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 _____

4/24/51. Was not Embalmed,

working under my personal supervision.

Student Embalmer No.

Signed _____

Frederick N. Gullett

Signed
Student Embalmer

Licensed Embalmer No. 2341

P. O. Address Six on me

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.