

FILED JUL 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23804

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

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY OR TOWN <u>Montgomery City</u> c. LENGTH OF STAY (In this place) <u>6 months</u>		c. CITY OR TOWN <u>Martinsburg</u> <u>1840</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Montgomery City</u>		d. STREET ADDRESS (If rural, give location) <u>no street address</u> <u>1</u>	
3. NAME OF DECEASED a. (First) <u>ELIZABETH</u> b. (Middle) <u>BARBARA</u> c. (Last) <u>ARENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>	8. DATE OF BIRTH <u>Nov. 3, 1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House wife</u>	9. AGE (In years last birthday) <u>78</u> <u>7</u> <u>24</u>
11. BIRTHPLACE (State or foreign country) <u>Moniteau County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Dorn</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Arens</u> ADDRESS <u>Montgomery 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> <u>3-44</u> DUE TO (c) <u>Generalized Atherosclerosis</u> <u>3-44</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u> <u>4201</u>	
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) 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 <u>3-14</u> , 19 <u>44</u> , to <u>6-27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-27</u> , 19 <u>51</u> , and that death occurred at <u>11:02</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. J. T. Andersen, M. H.</u> (Degree or title)		23b. ADDRESS <u>Montgomery City, Mo.</u>	23c. DATE SIGNED <u>6/29/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/30/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Martinsburg, Missouri</u>
DATE REC'D BY LOCAL REG. <u>6/29/51</u>	REGISTRAR'S SIGNATURE <u>Bernice E. Wyatt</u> <u>434</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Kelle</u> ADDRESS <u>Willowville, Mo.</u>	

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.....
Student Embalmer

Signed.....

Licensed Embalmer No. 1588

P. O. Address Kelleysville 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.