

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24193**

FILED AUG 13 1951

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6070** Registrar's No. **256**

940

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Knob Lick)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knob Lick	
c. LENGTH OF STAY (in this place) all life		0940	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Milton	b. (Middle) P.	c. (Last) Arnold	4. DATE OF DEATH (Month) (Day) (Year) Aug. 5 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 6, 1869	9. AGE (In years last birthday) 82	# UNDER 1 YEAR Months 6 Days 29	# UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Knob Lick, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Arnold	13b. MOTHER'S MAIDEN NAME Sarah Eaves	14. NAME OF HUSBAND OR WIFE Mary Hawk
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Charles Arnold Knob Lick, Mo.	ADDRESS
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19. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Does not know
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 5, 1951**, to **Aug 5, 1951**, that I last saw the deceased alive on **Aug 5, 1951**, and that death occurred at **3:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE R. M. Stanfield (Degree or title)	23b. ADDRESS 20 Farmington Mo.	23c. DATE SIGNED 8/6/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-7-51	24c. NAME OF CEMETERY OR CREMATORY Knob Lick Cemetery	24d. LOCATION (City, town, or county) (State) Knob Lick Missouri
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DATE REC'D BY LOCAL REG. AUG 6, 1951	REGISTRAR'S SIGNATURE 289 Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE W. Cozear	ADDRESS Farmington, Mo.
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File No. _____
DISTRICT HEALTH OFFICE No. 7

AUG 9 1951

RECEIVED

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 _____

Licensed Embalmer No. 4084

P. O. Address Farmington, N.H.

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.