

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 34678

FILED OCT 17 1951

238

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3057		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		6	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash Hospital				d. STREET ADDRESS (If rural, give location) 1221 Buchanan Street			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Harvey c. (Last) Arnold				4. DATE OF DEATH (Month) (Day) (Year) 10/4/51			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 8/5/1881	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist		11. BIRTHPLACE (State or foreign country) Pilot Grove, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Pilot Grove, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Gass Arnold		13b. MOTHER'S MAIDEN NAME Cynthia Bales		14. NAME OF HUSBAND OR WIFE Harriett Arnold			
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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Arnold Augusta, Ga.			
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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CORONARY THROMBOSIS, acute ANTECEDENT CAUSES Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic arterio-sclerotic heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Previous Cerebro-vascular accident.				INTERVAL BETWEEN ONSET AND DEATH 42 Hours 10 years	
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION 0		4200		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 Oct 1, 1951 , to Oct 4, 1951 , that I last saw the deceased alive on Oct 3, 1951 , and that death occurred at 4:11 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Henry K. Baker, M.D.				23b. ADDRESS 415 Woodland Ave		23c. DATE SIGNED Oct 4 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/6/51		24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Gardens		24d. LOCATION (City, town, or county) (State) Moberly Missouri	
DATE REC'D BY LOCAL REG. 10/6/51		REGISTRAR'S SIGNATURE Paula D. ...		FEDERAL DIRECTOR'S SIGNATURE W. E. ...		ADDRESS Moberly, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0883

100
100
Date Received: OCT 15 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-57-1830
Date Filed: OCT 15 1951

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. 3957

P. O. Address. Moberly, 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.