

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40337

FILED DEC 8 - 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4468 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE 0950</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY OR TOWN <u>ST MARY'S</u>		c. CITY OR TOWN <u>ST MARY'S</u> d. STREET ADDRESS <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARY'S MI</u>		e. LENGTH OF STAY (In this place) <u>LIFE</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SARAH</u>	b. (Middle) <u>HARRIETT</u>	c. (Last) <u>ARNEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 16 1951</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 22 1865</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST MARY'S MO 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>WILLIAM CHANDLER</u>	13b. MOTHER'S MAIDEN NAME <u>ROSA WEBB</u>	14. NAME OF HUSBAND OR WIFE <u>CARRY ARNEY</u>
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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>Dr. J. Schumann St. Mary's Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis left parietal area.</u>	DUPLICATE OF (b) <u>Generalized arteriosclerosis</u> DUPLICATE OF (c) <u>Hyperbentive heart disease</u> <u>Arterio sclerosis heart disease</u>	
ANTECEDENT CAUSES		II. OTHER SIGNIFICANT CONDITIONS	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 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)	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 Oct 15, 1951, to Nov 16, 1951, that I last saw the deceased alive on 15 Nov, 1951, and that death occurred at 9:25 P.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Dr. J. Schumann M.D.</u>	23b. ADDRESS <u>St. Mary's</u>	23c. DATE SIGNED <u>Nov 18 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/18/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST MARY'S Cem</u>	24d. LOCATION (City, town, or county) (State) <u>ST MARY'S MO</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Nov. 20, 1951</u>	REGISTRAR'S SIGNATURE <u>Geneva M. Karl Dep 35</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Res. C. Bash...</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

DEC 3 1951

RECEIVED

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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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address St. Genevieve, 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.