

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40360**
Registrar's No. **216**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **4475**

1. PLACE OF DEATH a. COUNTY Saline 0971		2. USUAL RESIDENCE. (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malta Bend, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malta Bend 0771	
c. LENGTH OF STAY (In this place) 50Yrs.		d. STREET ADDRESS (If rural, give location) North Main -No house number	
d. FULL NAME OF HOSPITAL OR INSTITUTION North Main St. -No Number		e. STREET ADDRESS North Main -No house number	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Ellen	c. (Last) Arnold	4. DATE OF DEATH (Month) (Day) (Year) December 4 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 21-1889	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 9 Days 13	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Springfield, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frank Cort	13b. MOTHER'S MAIDEN NAME Laura Swan	14. NAME OF HUSBAND OR WIFE Alex Arnold
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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) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME JOSEPH ARNOLD-MARSHALL, MD	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 30 min.
	ANTECEDENT CAUSES Morbidity 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 4201	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) m.	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 **12/3**, 19**51**, to _____, 19____, that I last saw the deceased alive on **12/3**, 19**51**, and that death occurred at **11:55 PM**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS Waverly	23c. DATE SIGNED 12/4/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/5/51	24c. NAME OF CEMETERY OR CREMATORY Malta Bend Cemetery	24d. LOCATION (City, town, or county) (State) Malta Bend, Mo. North
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DATE REC'D BY LOCAL REG. Dec. 5. -1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Manhattan, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED ⁴²⁰⁷⁰ 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 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 J. Lealie Surrney

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.