

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42399

**FILED JAN 3 - 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u> <u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VERGIL</u> b. (Middle) <u>MARIAN</u> c. (Last) <u>ARNOLD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-23-1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11-10-1872</u>
9. AGE (In years last birthday) <u>79</u>		10. AGE (In years last birthday) <u>79</u> 11. AGE (In years last birthday) <u>13</u> 12. AGE (In years last birthday) <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	
11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Arnold</u>		13b. MOTHER'S MAIDEN NAME <u>Nichols</u>	
14. NAME OF HUSBAND OR WIFE <u>Maudie Arnold</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maudie Arnold</u> ADDRESS <u>Granby, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of colon.</u>  ANTECEDENT CAUSES DUE TO (b) <u>Hypertension.</u>  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"/>		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) <u>153X</u>	
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? _____		22. I hereby certify that I attended the deceased from <u>about 1 1/2 years</u> , to <u>12-23, 1951</u> , that I last saw the deceased alive on <u>12-22, 1951</u> , and that death occurred at <u>1:40 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Orhalus D ma</u> (Degree or title) _____		23b. ADDRESS <u>Granby Mo</u>	
23c. DATE SIGNED <u>12-26-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Granby mem</u>	
24d. LOCATION (City, town, or county) (State) <u>Granby Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver - Newmark</u> ADDRESS <u>Granby</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 26, 1951</u>		REGISTRAR'S SIGNATURE <u>M. L. Young</u> 2250	

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

Health Officer No.                       
 License No. 1251-392  
 Date 12-31-51

NEOSHO, MISSOURI

DEC 31 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed G. E. Culver

Signed .....  
 Student Embalmer

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.