

STANDARD CERTIFICATE OF DEATH

43774

State File No. _____

FILED DEC 22 1951

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6164 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" North Grant</u> c. LENGTH OF STAY (in this place) <u>20 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"Rural" North Grant</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. #1, Marionville</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #1, Marionville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>Lucinda</u> c. (Last) <u>Arndt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 17 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 24, 1897</u>
9. AGE (In years last birthday) <u>54</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	
11. BIRTHPLACE (State or foreign country) <u>Greene County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George W. Points</u>		13b. MOTHER'S MAIDEN NAME <u>Edan Cook</u>	
14. NAME OF HUSBAND OR WIFE <u>Henry Arndt</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>--</u>	
16. SOCIAL SECURITY NO. <u>494-18-2459</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Arndt</u> ADDRESS <u>Rt. 1, Marionville, 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>Coronary Occlusion</u> 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 <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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>Death arrival</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 19 49</u> and that death occurred at <u>140p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. R. Mommers</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Cleaver, Mo.</u>	
23c. DATE SIGNED <u>11-19-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-20-'51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marionville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 23. 51.</u>		REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Branson</u>	
FURNERAL DIRECTOR'S SIGNATURE <u>John Alan Harris</u>		ADDRESS <u>Cleaver, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED / DEC 18 1951

Dist. File 1221-3135

Date Filed 12-18-51

APR 2 1963

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

John Hlean Harris

Licensed Embalmer No. 4390

P. O. Address Clover, 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.