

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 11 1952

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u> <u>0702</u>			
c. LENGTH OF STAY (In this place) <u>7 days</u>				d. STREET ADDRESS (If rural, give location) <u>West Kœekel Street</u> <u>1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>ARNOLD JR.</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>3</u>		(Year) <u>1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 17 1866</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>17</u>		IF UNDER 1 HOUR Hours <u></u> Mins. <u></u>		IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Real Estate-Retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>		11. BIRTHPLACE (State or foreign country) <u>Danville, Montg. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>							
13a. FATHER'S NAME <u>William H. Arnold Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Lucia Catherine Wilburn</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dotter Reed Wellsville Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart disease 10 days</u>					
		DUE TO (c) <u>Prostate hypertrophy with obstruction &amp; hemorrhage.</u>					
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>Jan 30 - 52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prostate hypertrophy - massive hemorrhage</u>				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)			
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? <u>610X</u>			
22. I hereby certify that I attended the deceased from <u>Jan 27</u> , 1952, to <u>Feb 30</u> , 1952, that I last saw the deceased alive on <u>Feb 3</u> , 1952, and that death occurred at <u>9 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Theresa D. Landford</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>117 E. Main St. Mo.</u>		23c. DATE SIGNED <u>Feb 6 - 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/6/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville Montg. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 5 - 1952</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Kells Wellsville Mo</u>			

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

0043

**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. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.