

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3585

State File No.

 BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	
c. LENGTH OF STAY (in this place) <u>9 Days.</u>		d. STREET ADDRESS (If rural, give location) <u>226 North Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jarvis Invalid Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Bernard</u>	b. (Middle) <u>Stephens</u>	c. (Last) <u>Arnold</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 7 1952</u>
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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>Sept. 18-1880</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <u>71 4 19</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stockman-Ranchor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Bullettsville, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Willis B. Arnold</u>	13b. MOTHER'S MAIDEN NAME <u>Eunie Stephens</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth M. Arnold</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 ADDRESS <u>Mrs. Bernard S. Arnold-Marshall, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1/22/52</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. <u>Fracture of tibia</u> 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>E9035-44</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (Home, farm, factory, street, office, etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marshall Saline Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 22 3P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on street</u>
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22. I hereby certify that I attended the deceased from 1/22, 1952, to 2/7, 1952, that I last saw the deceased alive on 2/4, 1952, and that death occurred at 130P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>Marshall Mo</u>	23c. DATE SIGNED <u>2/8/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/11/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hammill Cem Hammill, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Hammill, Mo.</u>
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DATE REC'D BY, LOCAL RES. <u>2/9/52</u>	REGISTRAR'S SIGNATURE <u>Mr. Earl C. Mey</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Leola Bussey-Marshall, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

971
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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 J. Leslie Sussman

Licensed Embalmer No. 13235

P. O. Address Marshall Is

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.