

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3770

State File No.

BIRTH NO. _____ REG. DIST. NO. 3614 PRIMARY REG. DIST. NO. 6237 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Hickory-Grove		c. CITY (If outside corporate limits, write RURAL and give township) 1090 Wright City	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Lee c. (Last) Arnall			4. DATE OF DEATH (Month) (Day) (Year) Jan 21 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 20 1871	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Warren CO MO	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Richard S Arnall		13b. MOTHER'S MAIDEN NAME Francis Stoner		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Martin Kansas City Mo	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary insufficiency		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Exhaustion		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Due to heart condition		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4211		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) Wright City Warren Mo.		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D.P. H. Knigge (Degree or title)		23b. ADDRESS Coroner Warren Mo		23c. DATE SIGNED Jan 21	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 23 1952	24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	24d. LOCATION (City, town, or county) (State) Wright City Mo		

DATE REC'D BY LOCAL REG. Jan. 30-52	REGISTRAR'S SIGNATURE Mrs. F. W. Hughes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nieburg Furn & Und Co Wright City Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

90

3
C

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, by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Julius J. Filburg

Licensed Embalmer No. 3366

P. O. Address Wright City 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.