No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4657

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 181

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 153 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): California, 0681
d. STREET ADDRESS (If rural, give location): Unknown 1

3. NAME OF DECEASED (Type or Print)
a. (First): Arnold
b. (Middle): M.
c. (Last): PACE

4. DATE OF DEATH (Month) (Day) (Year): February 24, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: March 4, 1909
9. AGE (In years last birthday): 42 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Centertown, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 495-10-9580
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA Hospital Records, Springfield, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Tuberculosis, pulmonary, chronic, bilateral, cavitary

ANTECEDENT CAUSES — *Morbid 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.*: Cor Pulmonale
Chronic, passive, congestion

INTERVAL BETWEEN ONSET AND DEATH: _____

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: 002X
20. AUTOPSY? YES [X] NO [ ]

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) m.: _____
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: _____

22. *I hereby certify that* the va *attended the deceased from* Sept. 25, *1951*, *to* Feb. 24, *1952*, ~~*that I last saw the deceased alive on* XXXXXXXXXXXXXXXXXXXX~~ *and that death occurred at* 3:42 A *m., from the causes and on the date stated above.*

23a. SIGNATURE A. J. Bondurant 0 (Degree or title): A. J. BONDURANT M. D. Chief of Professional Services
23b. ADDRESS: _____
23c. DATE SIGNED: 2/24/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-26-52
24c. NAME OF CEMETERY OR CREMATORY: Unknown
24d. LOCATION (City, town, or county) (State): California, Mo.

DATE REC'D BY LOCAL REG.: 2-25-52
REGISTRAR'S SIGNATURE: James T. Amos M.D. per E.W.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Alma Lohmann Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 James W. Weir

Signed.....
Student Embalmer

Licensed Embalmer No. 4650

P. O. Address Springfield, 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.