

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7918

BIRTH NO. 2565 REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 4175 Registrar's No. 4

350

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hornersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Koplovitz Clinic</u>		d. STREET ADDRESS (If rural, give location) <u>Hornersville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>Edell</u> c. (Last) <u>Arisman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-5-52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>2-24-52</u>		9. AGE (In years last birthday) <u>10</u>		10. IF UNDER 1 YEAR Months <u>10</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)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hornersville, MO</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>John Arisman</u>		13b. MOTHER'S MARDEN NAME <u>Lottie Vandiver</u>		14. NAME OF HUSBAND OR WIFE	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>S. Schmuckman</u> ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MURKIN</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		11. 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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (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 2/24, 1952, to 3/5, 1952, that I last saw the deceased alive on 3/5, 1952 and that death occurred at 2:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. L. Koflovitz, M.D.</u> (Degree or Title)		23b. ADDRESS <u>Hornersville, MO.</u>		23c. DATE SIGNED <u>3/5/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>11</u>		24b. DATE <u>3/6/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hornersville cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hornersville MO.</u>	
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DATE REC'D BY LOCAL REG. <u>3-8-52</u>		REGISTRAR'S SIGNATURE <u>Bertha Kirschner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. Schmuckman</u> ADDRESS <u>Hornersville, MO.</u>	
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-14-52

COUNTY FILE NUMBER 352-76

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.