

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9535

State File No.

Registrar's No. 268

FILED APR 11 1952

BIRTH NO.		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 6032		REGISTRAR'S NO. 268	
1. PLACE OF DEATH a. COUNTY Ripley				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ripley			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Doniphan		c. LENGTH OF STAY (In this place) 12 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Doniphan 0910			
d. FULL NAME OF HOSPITAL OR INSTITUTION Simpson Creek Road				d. STREET ADDRESS (If rural, give location) Doniphan, Mo. Rt. # 7			
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle) Arnold		c. (Last)	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		4. DATE OF DEATH (Month) (Day) (Year) 8-16-1952	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Worker		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH 1-19-1885		9. AGE (In years last birthday) 67	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Irene Arnold		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Irene Arnold Doniphan, Mo. Rt. #7		ADDRESS Doniphan, Mo. Rt. #7		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) Death with out medical attention	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7955		20. AUTOPSY? YES ☐ NO ☐		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbidity 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.	
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) Ripley County Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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 Clifford Toft MD	
23b. ADDRESS Doniphan Mo.		23c. DATE SIGNED 3-18-52		24a. BIRTHAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-18-1952	
24c. NAME OF CEMETERY OR CREMATORY Oak Grove		24d. LOCATION (City, town, or county) (State) Ripley County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Back-Edwards		ADDRESS Funeral Home Doniphan, Mo.	
DATE REC'D BY LOCAL REG. 3-19-52		REGISTRAR'S SIGNATURE G. O. Johnston		277		28. (Licensed Embalmer's Statement on Reverse Side)	

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

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

George R. Kerby

Licensed Embalmer No. *4753*

P. O. Address

Dorphan, Me

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.