

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 89

941
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| 1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) <u>Morris</u> c. (Last) <u>Arnold</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 5 1952</u> | | |
| 5. SEX <u>female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | |
| 8. DATE OF BIRTH <u>July 13 1891</u> | | 9. AGE (In years last birthday) <u>60</u> | | IF UNDER 1 YEAR <u>22</u> Days IF UNDER 24 HRS. <u>0</u> Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, given if retired) <u>musician</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>and housekeeper</u> | | 11. BIRTHPLACE (State or foreign country) <u>Iron County, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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| 13a. FATHER'S NAME <u>George Morris</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Fitz</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edward C. Arnold</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Virginia Morris Farmington Mo.</u> | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> | |
| *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) <u>Cerebral hemorrhage</u> | | DUE TO (b) <u>Essential Hypertension</u> | | | |
| | | ANTECEDENT CAUSES | | DUE TO (c) | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | 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) | |
| 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 March 5, 1952, to March 5, 1952, that I last saw the deceased alive on March 5, 1952, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>D. Geo. P. Watkins M.D.</u> | | 23b. ADDRESS <u>Farmington Mo.</u> | | 23c. DATE SIGNED <u>3-7-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>Mar 8 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Parkview cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Farmington Mo.</u> | | | | | |

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| DATE REC'D BY LOCAL REG. <u>Mar. 8, 1952</u> | | REGISTRAR'S SIGNATURE <u>Ether Rudloff</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>COZEAN</u> ADDRESS <u>FUNERAL HOME FARMINGTON MO.</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 25 1952

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 C. J. Cozart

Licensed Embalmer No. 4084

P. O. Address Fairmount, Pa.

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.