

No. 300  
10.48

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **13658**

APR 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **237** PRIMARY REG. DIST. NO. **4353** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gideon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gideon</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hopkins Clinic</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Byrd</b>	b. (Middle) <b>Lee</b>	c. (Last) <b>Arnold</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>4 18 1952</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10-4-1887</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>15</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Scott County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>John Arnold</b>	13b. MOTHER'S MAIDEN NAME <b>Fronia House</b>	14. NAME OF HUSBAND OR WIFE <b>Sophia Arnold</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>494-09-3619</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Sophia Arnold</b>	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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 min.</b>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **4-18-52** 19, to **4-18-52** 19, that I last saw the deceased alive on **4-18-52**, 19, and that death occurred at **11:00 p.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Gideon, Mo</b>	23c. DATE SIGNED <b>4-19-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-20-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Stanfield</b>	24d. LOCATION (City, town, or county) (State) <b>Near Clarkton, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-19-52</b>	REGISTRAR'S SIGNATURE <b>Mrs. E. L. Hopkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lloyd Russell Liggett, Jr.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0720

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Lloyd M. Russel

Licensed Embalmer No. 509 - Ark.

P. O. Address Figgatt, Ark.

**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.