

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17510

State File No.

MAY 21 1952

BIRTH NO.		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>4442</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>PLATTE</u> <u>0830</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>PLATTE</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>EDGERTON</u> <u>Purton</u> township)		c. LENGTH OF STAY (in this place) <u>8 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Purton</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora Ollie</u> b. (Middle) <u>Betty</u> c. (Last) <u>Arnold</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 9-1952</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>11/23/1866</u>	
9. AGE (In years last birthday) <u>85</u>		10. UNDER 1 YEAR Months Days		11. BIRTHPLACE (State or foreign country) <u>HARRISON CO. IND.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>					
13a. FATHER'S NAME <u>CALDWELL MARSHALL</u>		13b. MOTHER'S MAIDEN NAME <u>ANN ELIZABETH DAVIS</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maggie Shumate</u> ADDRESS <u>Edgerton, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Stomach.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infirmitie of old age.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		174X		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) m.		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 <u>Apr. 23-</u> , 1952, to <u>May 7-</u> , 1952, that I last saw the deceased alive on <u>May 7-</u> , 1952, and that death occurred at <u>m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John A. Robinson, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Edgerton, Mo.</u>		23c. DATE SIGNED <u>5-9-52.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/11/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridgely Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>PLATTE Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 10. 52</u>		REGISTRAR'S SIGNATURE <u>Phila. Rollins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rollins + NASH</u>		ADDRESS <u>EDGERTON, Mo.</u>	

(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 *personally*

Student
Student Embalmer

Signed *Vivian R. Nash*

Licensed Embalmer No. *3947*

P. O. Address *Edgerton, 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.