

STANDARD CERTIFICATE OF DEATH

State File No. **19035**

BIRTH NO. _____ REG. DIST. NO. **325'** PRIMARY REG. DIST. NO. **4477** Registrar's No. **20**

1980
1

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

1. PLACE OF DEATH a. COUNTY SCHUYLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SCHUYLER	
b. CITY (If outside corporate limits, write RURAL and give township) GLENWOOD		c. CITY (If outside corporate limits, write RURAL and give township) GLENWOOD	
c. LENGTH OF STAY (In this place) 3y		d. STREET ADDRESS (If rural, give location) S	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. CITY (If outside corporate limits, write RURAL and give township) 0980	

3. NAME OF DECEASED a. (First) SOLOMAN ALEXANDER		b. (Middle) _____		c. (Last) ARNI		4. DATE OF DEATH (Month) (Day) (Year) JUNE 3, 52					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH DEC 10, 1877		9. AGE (In years — last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILROAD		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (State or foreign country) SCHUYLER CO, MO				12. CITIZEN OF WHAT COUNTRY USA			

13a. FATHER'S NAME JOHN ARNI		13b. MOTHER'S MAIDEN NAME SUSAN JONES		14. NAME OF HUSBAND OR WIFE FLORENCE ARNI			
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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) NO		16. SOCIAL SECURITY NO. 707-05-7240		17. INFORMANT'S SIGNATURE OR NAME Mrs Martha Pruner ADDRESS Glenwood, Mo			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Adams-Stokes Syndrome INTERVAL BETWEEN ONSET AND DEATH None ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (a) arteriosclerosis DUE TO (c) Wrenia 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 _____				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 _____		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 **June 3, 1952**, to **June 3, 1952**, that I last saw the deceased alive on **June 3, 1952**, and that death occurred at **6:30 P M**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____		23b. ADDRESS Severasth Mo 6452		23c. DATE SIGNED _____	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 5, 52		24c. NAME OF CEMETERY OR CREMATORY ARNI MEMORIAL		24d. LOCATION (City, town, or county) (State) LANCASTER, MO	
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DATE REC'D BY LOCAL REG. June 5/52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Lancaster, Mo			
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JUN 13 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 _____

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working under my personal supervision.

Student Embalmer No.

Signed: Everett R. Neal

Signed.....
Student Embalmer

Licensed Embalmer No. 4038

P. O. Address Lancaster, 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.