

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19343

State File No. _____

FILED JUL 14 1952

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BATES-0070	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL.	
c. LENGTH OF STAY (in this place) 1 1/2 YRS.		d. STREET ADDRESS (If rural, give location) 111 E. CHESTNUT ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 111 E. CHESTNUT ST.			

3. NAME OF DECEASED a. (First) JOHN b. (Middle) MILTON c. (Last) ARTHUR.			4. DATE OF DEATH (Month) (Day) (Year) JULY-6-1952.		
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5. SEX MALE.	6. COLOR OR RACE WHITE.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED.	8. DATE OF BIRTH JANUARY-23-1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER.	10b. KIND OF BUSINESS OR INDUSTRY BUILDING.	11. BIRTHPLACE (State or foreign country) INDIANA.	12. CITIZEN OF WHAT COUNTRY? U.S.F.
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13a. FATHER'S NAME BENJAMINE ARTHUR.	13b. MOTHER'S MAIDEN NAME MARGARET M^S BRIDE.	14. NAME OF HUSBAND OR WIFE LUCY ARTHUR.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N/O	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Dale - Rich Hill, Mo.	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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Softening of heart (myocardial infarction)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension (essential)		
	DUE TO (c) _____		
11. 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"/>
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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) (m.) _____	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 _____, 1952, to _____, 1952, that I last saw the deceased alive on _____, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	23b. ADDRESS _____	23c. DATE SIGNED July 14 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY-8-1952	24c. NAME OF CEMETERY OR CREMATORY PRESCOTT CEMETERY	24d. LOCATION (City, town, or county) (State) PRESCOTT, KANSAS
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DATE REC'D BY LOCAL REG. July 8, 1952	REGISTRAR'S SIGNATURE Mrs. Edna Douglas	25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Service Rich Hill, Mo.	ADDRESS _____
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.