

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27068

State File No. _____

FILED SEP 9 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>4020</u>		Registrar's No. <u>138</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u> <u>0040</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> <u>1041</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Martinsburg</u>		c. LENGTH OF STAY (In this place) <u>73</u> years		c. CITY (If outside corporate limits, write RURAL and give township) <u>Martinsburg</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Martinsburg Missouri</u>				d. STREET ADDRESS (If rural, give location) <u>no street address</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTHONY</u>		b. (Middle) <u>-</u>		c. (Last) <u>ARENS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 31 1952</u>	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> <u>0</u>		8. DATE OF BIRTH <u>Oct. 28 1875</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTH (Day) (Year) <u>10 3</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles County, Mo</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles County, Mo</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Theodore Arens</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Watts</u>		14. NAME OF HUSBAND OR WIFE <u>- - - - -</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joe Arens Martinsburg</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Disease</u> ANTECEDENT CAUSES Morbid 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. _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>42.01</u>				20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-29</u> , 19 <u>52</u> to <u>8-31</u> , 19 <u>52</u> that I last saw the deceased alive on <u>8-30</u> , 19 <u>52</u> and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. H. W. [Signature]</u>		(Degree or title) <u>Dr. J. H. W.</u>		23b. ADDRESS <u>2200 W. [Address]</u>		23c. DATE SIGNED <u>9/3/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/3/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>Martinsburg, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 3-1952</u>		REGISTRAR'S SIGNATURE <u>Blanche Weely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Wells</u>		ADDRESS <u>Hallsville</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.

Student

Student Embalmer

Signed _____

H B Kells

Licensed Embalmer No. *1588*

P. O. Address *Kellerville 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.