No. 300
10.48

STANDARD CERTIFICATE OF DEATH

State File No. 28487

BIRTH NO. FILED AUG 21 1952 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 152

1. PLACE OF DEATH
a. COUNTY Jasper 0473
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carthage
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCune-Brooks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oklahoma
b. COUNTY Oklahoma
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oklahoma City
d. STREET ADDRESS (If rural, give location) 1612 N.W. 31st.

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle) L.
c. (Last) Arnold

4. DATE OF DEATH (Month) 8 (Day) 8 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept. 24-1919
9. AGE (In years last birthday) 33 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Church Worker
10b. KIND OF BUSINESS OR INDUSTRY Church
11. BIRTHPLACE (City and State or Foreign Country) Oklahoma City, Okla.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME S.E. Arnold
13b. MOTHER'S MAIDEN NAME Ruth Snyder
14. NAME OF HUSBAND OR WIFE --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT'S SIGNATURE OR NAME S.E. Arnold - Oklahoma City, Okla. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Temporal skull fracture with brain laceration — INTERVAL BETWEEN ONSET AND DEATH: Almost instantaneous

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.
E8164
26

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION. 049
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. HIWAY 66
21c. (CITY, TOWN, OR TOWNSHIP) 1 MILE-WEST OF CARTHAGE (COUNTY) JASPER (STATE) MO.
21d. TIME OF INJURY (Month) 8 (Day) 8 (Year) 52 (Hour) 2:00 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? HEAD ON CAR COLLISION U.S. HIWAY 66 - 1 MILE WEST OF CARTHAGE MO.

22. *I hereby certify that I attended the deceased from* (DID, NOT, ATTEND SAME), *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. W. Cleveland MD Coroner Jasper Co.
23b. ADDRESS Joplin Nat'l Bank Bldg
23c. DATE SIGNED 8-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 8-9-52
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State) Oklahoma City, Okla.

DATE REC'D BY LOCAL REG. 8-9-52
REGISTRAR'S SIGNATURE L B Clinton MD 134
25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Fuheral Home ADDRESS Carthage Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Jasper County Health Office
County File Number 52/3/656
Date Filed

RECEIVED 8-20-52
Jasper County Health Office
County File Number
Date Filed 8-20-52

AUG 22 '52

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 Robert E. Muchlemann, Student Embalmer No. 462, working under my personal supervision.

Student Robert E. Muchlemann
Student Embalmer

Signed William B. Cantrell
Licensed Embalmer No. 4820
P. O. Address Carthage, 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.