

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6092

State File No. **30473**

30 AUG 18 1952

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 1072		Registrar's No. 165	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Grand Pass Twp.		c. LENGTH OF STAY (in this place) 51 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Grand Pass Twp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 miles N.W. Grand Pass Mo.				d. STREET ADDRESS (If rural, give location) 4 miles N.W. Grand Pass, Mo.			
3. NAME OF DECEASED a. (First) Talitha			b. (Middle) Arensmeier		c. (Last) Uthlaut		4. DATE OF DEATH (Month) (Day) (Year) Aug. 8th, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 28th, 1884	9. AGE (In years last birthday) 68	10. MONTHS 5	11. DAYS 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Freedom, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Phillip Arensmeier			13b. MOTHER'S MAIDEN NAME Louisa Kicksmueller		14. NAME OF HUSBAND OR WIFE -----		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Gilbert Fizer, Grand Pass, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia				INTERVAL BETWEEN ONSET AND DEATH 7-30-52	
		ANTECEDENT CAUSES Morbidity 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. Cardio-vascular disease				2 months	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 490X				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) (Min.)		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 July 30, 1952 , to August 8, 1952 , that I last saw the deceased alive on Aug. 8, 1952 , and that death occurred at 8:20 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE <i>Geo A. Kelling M.D.</i>				23b. ADDRESS Waverly, Missouri		23c. DATE SIGNED 8-9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 11, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Nebo cemetery		24d. LOCATION (City, town, or county) (State) Grand Pass, Mo.	
DATE REC'D BY LOCAL REG. Aug. 10, 1952		REGISTRAR'S SIGNATURE <i>Bidney T Gray</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Campbell-Lewis</i>		ADDRESS Marshall, Mo.	

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

MAR 20 1953

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 AW Campbell Jr.

Licensed Embalmer No. 3468

P. O. Address Marshall, 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.