

FILED OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30718

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 268

0105
1

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

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u> <u>0105</u>	
c. LENGTH OF STAY (In this place) <u>10 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>624 Ann St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>624 ANN ST</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Arnold</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 4 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 1st 1901</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Days <u>1</u> Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Beverage Bottling Co Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Paris Co Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Willie Arnold</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Hutchison</u>		14. NAME OF deceased WIFE <u>Teresa Arnold</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>497-14-7586</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Teresa Arnold</u> ADDRESS <u>624 Ann St</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of tongue with metastases to neck, chest, etc</u>		DUE TO (b) _____			<u>2 years</u>
DUE TO (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.		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 (Month) (Day) (Year) (Hour)		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 16 May, 1950, to 4 Oct, 1952, that I last saw the deceased alive on 3 Oct, 1952, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Honore E. Thomas M.D.</u> (Degree or title)		23b. ADDRESS <u>909 University Ave. Columbia Mo</u>		23c. DATE SIGNED <u>6 Oct 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 5 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Kice</u>		ADDRESS <u>Columbia Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 7 1952</u>		REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>			

OCT 21 1952

JAN 8 1954

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, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lyman H. Spunkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.