

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32086**

SEP 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **5592** Registrar's No. **69**

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOACHIM TOWNSHIP</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-ROCK TOWNSHIP</b>	
c. LENGTH OF STAY (in this place) <b>15 MONTHS</b>		d. STREET ADDRESS (If rural, give location) <b>KIMMSWICK Mo. 0500</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MOUNTAIN VIEW HOME</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>PAULINE</b> b. (Middle) <b>ARNOLD</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 11 1952</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 19, 1870</b>
9. AGE (In years last birthday) <b>81</b>		10. MONTHS <b>11</b> DAYS <b>22</b> HOURS <b>-</b> MIN. <b>-</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ROCK CREEK Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>GERHARD HAEFNER</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH ROESCH</b>	14. NAME OF HUSBAND OR WIFE <b>JOHN ARNOLD</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MR LEO ARNOLD - FESTUS Mo</b> 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiovascular-renal disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b> 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.	
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) <b>442X</b>
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 <b>8-31/52</b> , 19 <b>52</b> , to <b>9-11</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>9-8</b> , 19 <b>52</b> and that death occurred at <b>11:30P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>B. P. D. Smith M.D.</b> (Degree or title)		23b. ADDRESS <b>Crystal City, Mo.</b>	23c. DATE SIGNED <b>9-12-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>SEPT 15-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST. JOSEPH'S Cem</b>
		24d. LOCATION (City, town, or county) (State) <b>KIMMSWICK Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-12-52</b>		REGISTRAR'S SIGNATURE <b>Georgette Pollette</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>HEILIGTAG FUNERAL HOME</b> ADDRESS <b>IMPERIAL Mo</b>

0500  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED SEP 18 1952

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 Arthur W. Schlichter

Licensed Embalmer No. 13872

P. O. Address Superior 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.