

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33940

State File No. ....

20  
4

FILED SEP 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6139 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Black Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Black Creek 1020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant Hill Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HIRAM</u> b. (Middle) <u>L</u> c. (Last) <u>ARISMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-14-1952</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 30-1869</u>
9. AGE (In years last birthday) <u>82</u> <u>yr</u> <u>11</u> <u>mo</u> <u>14</u> <u>da</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manufactory Ohio</u>	
11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Stephen L. Arisman</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Winters</u>		14. NAME OF HUSBAND OR WIFE <u>Belle Hales</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>4</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Arisman</u> <u>Shelbyville Mo</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>Arterio Sclerosis cerebral</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>9</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>		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 Sept 11, 1952, to Sept 14, 1952, that I last saw the deceased alive on Sept 11, 1952, and that death occurred at 4:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. B. Creecher M.D.</u>		23b. ADDRESS <u>Shelbyville Mo</u>		23c. DATE SIGNED <u>9-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept-17-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S. B. C. Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Shelbyville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. P. Thompson</u>		ADDRESS <u>Shelbyville Mo</u>	

DATE REC'D BY LOCAL REG. 9-19-52 REGISTRAR'S SIGNATURE Ada Garrison 419

(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.....

.....  
working under my personal supervision.

*Myself*  
Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....  
*E. P. Thompson*

Licensed Embalmer No. *1632*

P. O. Address *Shelleyville, 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.