

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37575

State File No.

FILED NOV 24 1952

BIRTH NO.		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>4024</u>		Registrar's No. <u>132</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cassville</u> c. LENGTH OF STAY (in this place) <u>10 days</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Cassville Community Hosp</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Washburn twp.</u> d. STREET ADDRESS (If rural, give location) <u>3 1/2 mi. N.E. of Washburn</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Dean</u> c. (Last) <u>Arnold</u>		4. DATE OF DEATH <u>Nov. 19, 1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 18, 1873</u>		9. AGE (In years last birthday) <u>79</u>		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Searcy County, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ebenezer Arnold</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Hensley</u>		14. NAME OF HUSBAND OR WIFE <u>Martha D. Arnold</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>432-24-1422</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Logan Arnold, Washburn, 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>Pulmonary embolism</u> ANTECEDENT CAUSES DUE TO (b) <u>Amputation of leg</u> DUE TO (c) <u>Arteriosclerotic gangrene</u> 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>5 min.</u> <u>1 wk.</u> <u>2 wks.</u>	
19a. DATE OF OPERATION <u>Nov. 12, 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Arteriosclerotic gangrene rt. leg</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) m.		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 <u>Sept. 1952</u> , to <u>Nov. 19, 1952</u> , that I last saw the deceased alive on <u>Nov. 19, 1952</u> , and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Mary Newman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Cassville, Mo.</u>		23c. DATE SIGNED <u>11-19-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holt Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>Harrison, Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>Nov 19-1952</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.C. Koon, Cassville, Mo.</u>			

(Licensed Embalmers' 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

W. C. Koon

Licensed Embalmer No. 435-9

P. O. Address Cassville, 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.