

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41384**

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. **373** PRIMARY REG. DIST. NO. **4544** Registrar's No. **65**

120

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

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give town) NIANGUA MO		c. CITY (If outside corporate limits, write RURAL and give township) NIANGUA MO 1120	
c. LENGTH OF STAY (in this place) 9 YRS		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) SARAH b. (Middle) FRANCES c. (Last) ARTHUR			4. DATE OF DEATH (Month) (Day) (Year) NOV 19 1952		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 15 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 6 Days 4	IF UNDER 24 HRS. Hours 4 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) EKLAND MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME J. W. FITCH	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE JOHN ARTHUR
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME HUGH ARTHUR NIANGUA	ADDRESS MO
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Advanced Arterio-vascular Nephrosclerosis DUE TO (c) Arterio-sclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 446 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **11/4, 1952**, to **11/19, 1952**, that I last saw the deceased alive on **11/19, 1952**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. P. Blinn M.D.	23b. ADDRESS Marshfield, Mo.	23c. DATE SIGNED 11/24/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-25-1952	24c. NAME OF CEMETERY OR CREMATORY NIANGUA	24d. LOCATION (City, town, or county) (State) NIANGUA MO
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DATE REC'D BY LOCAL REG. Nov. 26. 1952	REGISTRAR'S SIGNATURE J. P. Blinn 392	25. FUNERAL DIRECTOR'S SIGNATURE BARBER-BARTO	ADDRESS MARSHFIELD MO
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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

Rev Barb

Licensed Embalmer No. *3548*

P. O. Address *city, Iowa*

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.