

FILED DEC 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42893

State File No.

BIRTH NO.		REG. DIST. NO. <u>225</u>		PRIMARY REG. DIST. NO. <u>4241</u>		Registrar's No. <u>210</u>	
1. PLACE OF BIRTH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellflower</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellflower</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Home</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Cora Bell</u>		b. (Middle) <u>Arnold</u>		c. (Last) <u>Arnold</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>-6-</u>		(Year) <u>1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-28-1869</u>	9. AGE (In years last birthday) <u>83</u>	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 YEAR Days	12. IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Duty</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Maupin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Maupin</u>		14. NAME OF HUSBAND OR WIFE <u>John Arnold</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Arnold Bellflower 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>BRONCHIAL PNEUMONIA</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL HAEMORRHAGE</u> DUE TO (c) <u>INTERSTITIAL NEPHRITIS</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>6 days</u> <u>9 1/2 mo.</u> <u>?</u>	
19a. DATE OF OPERATION <u>NO</u>		19b. MAJOR FINDINGS OF OPERATION <u>593X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>		21d. HOW DID INJURY OCCUR? <u>—</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NO</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>Feb 22</u> , 19 <u>52</u> , to <u>Dec 6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>DEC-1-</u> , 19 <u>52</u> , and that death occurred at <u>1 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>James A. Helm</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>New Florence Mo.</u>		23c. DATE SIGNED <u>12-7-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-8-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellflower Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Bellflower Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-10-52</u>		REGISTRAR'S SIGNATURE <u>Miss May Miller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas & Sons Bellflower Mo</u>			

(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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Clarence A. Jones

Licensed Embalmer No. *2978*

P. O. Address *Bellflower 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.