

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4538

BIRTH NO.		REG. DIST. NO. 952		PRIMARY REG. DIST. NO. 6189		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY <u>Laney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Laney</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>rural Forsyth</u>		c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Forsyth</u>		1060	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home rural Forsyth</u>				d. STREET ADDRESS (If rural, give location) <u>Forsyth</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JANE</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>ARNOLD</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 19, 1953</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>April 8, 1870</u>		9. AGE (In years, less birthday) <u>82</u>		10. MONTHS <u>9</u>		11. DAYS <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Samuel Gray</u>		13b. MOTHER'S M maiden NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ed Arnold Forsyth 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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>4/14</u> , 19 <u>53</u> , to <u>4/14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4/14</u> , 19 <u>53</u> , and that death occurred at <u>6 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Forsyth Mo</u>		23c. DATE SIGNED	
24a. BURIAL - CREMATION - REMOVAL (Specify)		24b. DATE <u>1/27/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forsyth Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Forsyth Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-31-53</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Forsyth Funeral Home Forsyth Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

060
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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

Walter S Cobb

Licensed Embalmer No. 4731

P. O. Address Farmington MD

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.