

5. No. 300
v. 10.48

STANDARD CERTIFICATE OF DEATH

State File No. 655067
REG-1-11009-190386
Registrar's No. 11

LED MAR 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived prior to admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Joplin		c. CITY OR TOWN Joplin	
c. LENGTH OF STAY (In this place) 5.00		d. STREET ADDRESS Rt # 2 Box 347	
d. FULL NAME OF HOSPITAL OR INSTITUTION DQA. Freeman Hosp		e. RURAL, GIVE LOCATION	
3. NAME OF DECEASED (Type or Print) Perry Edward Arnold		4. DATE OF DEATH (Month) (Day) (Year) 2-24-1953	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH 8-17-1897	
9. AGE (In years) (Months) (Days) (Hours) (Mins) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	
11. KIND OF BUSINESS OR INDUSTRY Joplin Feed Co		12. BIRTHPLACE (City and State or Foreign Country) Webb City Mo	
13. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME _____	
13b. MOTHER'S MAIDEN NAME Matilda Smallwood		14. NAME OF HUSBAND OR WIFE Viola	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes. W.W.#1		16. SOCIAL SECURITY NO. 497-28-4085	
17. INFORMANT'S SIGNATURE OR NAME Viola Arnold		ADDRESS Rt # 2 Joplin Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 48 HOURS	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4201			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Influenza			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE _____ (Degree or title)		23b. ADDRESS _____	
23c. DATE SIGNED 2/27/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-27-1953	
24c. NAME OF CEMETERY OR CREMATORY Oakwood Park		24d. LOCATION (City, town, or county) Joplin Mo	
DATE REC'D BY LOCAL REG. 3-2-53		REGISTRAR'S SIGNATURE _____	
5. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____	

0495 3

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

0490

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-6-53
Jasper County Health Office

County File Number 527/236

Date Filed 3-6-53

MAR 20

MAR 16 1961

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 Beida L. Howell

Licensed Embalmer No. 3590

P. O. Address Opelin, 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.