No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8470

State File No.

FILED FEB 16 1953

BIRTH NO. REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4506 Registrar's No. 6

030
1

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex 1030
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Thomas
c. (Last): Arnold

4. DATE OF DEATH (Month) (Day) (Year): Feb. 7, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 22, 1860
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months 9, Days 15; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Paris, Tenn.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Thomas Allen Arnold
13b. MOTHER'S MAIDEN NAME: Katheryn Langsford
14. NAME OF HUSBAND OR WIFE: Ada Arnold (Deceased)

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: W. L. Arnold
ADDRESS: Dexter, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ✓

DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. ✓

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 7, 1953, *to* Feb 7, 1953, *that I last saw the deceased alive on* Feb 7, 1953, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: D. H. Hux (Degree or title) MD
23b. ADDRESS: Essex Mo
23c. DATE SIGNED: 2/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-10-53
24c. NAME OF CEMETERY OR CREMATORY: Essex
24d. LOCATION (City, town, or county) (State): Essex, Missouri

DATE REC'D BY LOCAL REG.: Feb. 13, 1953
REGISTRAR'S SIGNATURE: Rose Wehner
25. FUNERAL DIRECTOR'S SIGNATURE: Strickland-Rainey
ADDRESS: Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 3479

P. O. Address Dexter, 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.