

STANDARD CERTIFICATE OF DEATH

5069 State File No. 8722

FILED MAR 24 1953

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 26

0060
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Kural, Lamar Twp.		c. CITY OR TOWN Carthage 0493	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 mi. so. Hi. 160 on Hi. 71		d. STREET ADDRESS (If rural, give location) 402 E. 10th St.	
3. NAME OF DECEASED (Type or Print) a. (First) Wilma b. (Middle) Louise c. (Last) Arnold			4. DATE OF DEATH Mar. 18, 1953
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 20, 1926
9. AGE (In years last birthday) 26		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer		10b. KIND OF BUSINESS OR INDUSTRY Automobile Agency	11. BIRTHPLACE (State or foreign country) Nebraska
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Leonard Headlee	
13b. MOTHER'S MAIDEN NAME Bell Waggoner		14. NAME OF HUSBAND OR WIFE Bruce R. Arnold	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Bell Garner, Carthage, Mo.		ADDRESS _____	
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) Sublethal fracture of intercostal rib 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. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 40 E. Hi. 160 on Hi 71		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lamar Barton Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March, 18th, 1953, 9P.M.		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 9:00 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE Clarence H. Childs (Degree or title) Coroner		23b. ADDRESS Lamar Mo	
23c. DATE SIGNED March 19-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Mar 23-1953		24c. NAME OF CEMETERY OR CREMATORY Park	
24d. LOCATION (City, town, or county) (State) Carthage, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Wm. J. ... ADDRESS Home - Carthage	
DATE REC'D BY LOCAL REG. MAR 19 1955		REGISTRAR'S SIGNATURE Marie K ...	

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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 Clarence H. Chubb

Licensed Embalmer No. 3413

P. O. Address Lama, 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.