

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10426

BIRTH NO. 16256 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 36

0542

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lexington</u>		c. LENGTH OF STAY (If in this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>24th &amp; South Sts.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Noah</u> c. (Last) <u>Arth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 17, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Single</u>	8. DATE OF BIRTH <u>March 17, 1953</u>		9. AGE (In years last birthday) Months Days <u>0</u> <u>0</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Earsell Arth</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Alspaw</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>Earsell Arth, Lexington, Missouri</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>Premature infant (20wks)</u>  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 <u>776 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>17 March, 1953</u> , to <u>17 March, 1953</u> , that I last saw the deceased alive on <u>17 March, 1953</u> , and that death occurred at <u>4:30 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>E. Edward Arth</u> (Degree or title)			23b. ADDRESS <u>1315 Franklin Ave Lexington, Missouri</u>		23c. DATE SIGNED <u>17 March 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 17, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dover</u>		24d. LOCATION (City, town, or county) (State) <u>Dover, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-20-53</u>	REGISTRAR'S SIGNATURE <u>Edward E. Eads</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Forest T. Tempel Lexington Missouri</u>		

Was

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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Geo. W. Keane* \_\_\_\_\_

Licensed Embalmer No. *2983* \_\_\_\_\_

P. O. Address *Elmington, Ill* \_\_\_\_\_

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.