

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12904**

FILED **MAR 30 1953**  
BIRTH NO. **87152** REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **6079** Registrar's No. **24**

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

1. PLACE OF DEATH a. COUNTY <b>Ste. Genevieve</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ste. Genevieve</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Ste. Genevieve</b>		c. LENGTH OF STAY (in this place) <b>3 Months</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Ste. Genevieve</b>		<b>0950</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.R.# 1 Ste. Genevieve, Mo</b>			d. STREET ADDRESS (If rural, give location) <b>R.R.# 1 Ste. Genevieve, Mo</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b> b. (Middle) <b>FRANCIS</b> c. (Last) <b>ARNOLD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 24, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Dec 15, 1952</b>	9. AGE (In years last birthday) <b>3</b>	10. IF UNDER 1 YEAR Months <b>9</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Perryville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>William R. Arnold</b>		13b. MOTHER'S MAIDEN NAME <b>Berniece L. Gadell</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William R. Arnold R.R.# 1 Ste. Genevieve</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Interstitial Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH		
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>525X</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>3:30 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Gene N. Stanton 3</b> Coroner			23b. ADDRESS <b>Ste. Genevieve, Missouri</b>		23c. DATE SIGNED <b>3-24-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 25, 53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ste. Genevieve, Mo</b>		
DATE REC'D BY LOCAL REG. <b>Mar 25, 1953</b>		REGISTRAR'S SIGNATURE <b>Levill Osader 481</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gene N. Stanton Ste. Genevieve, Mo</b>		

**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 Jerome H. Stanta

Licensed Embalmer No. 3817

P. O. Address Ste. Genevieve, 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.