

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **12912**

FILED MAR 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY OR TOWN <b>Marshall</b>		c. CITY OR TOWN <b>Marshall</b>	
c. LENGTH OF STAY (in this place) <b>3 Weeks</b>		d. STREET ADDRESS (If rural, give location) <b>785 South Redman</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>785 South Redman</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Alexander</b> b. (Middle) <b>-</b> c. (Last) <b>Arnold</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 16 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Mar. 22 1869</b>	9. AGE (In years last birthday) <b>83</b>	10. UNDER 1 YEAR <b>11 24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>General Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Evansville, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>William Alexander Arnold</b>		13b. MOTHER'S MAIDEN NAME <b>Mary C. Kendall</b>		14. NAME OF HUSBAND OR WIFE <b>- - - - -</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Joseph Arnold-Marshall, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Asthma</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1925</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture of hip</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>241 x F</b>			20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <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 **Mar 19 53** to **3/16 53**, 19**53** that I last saw the deceased alive on **3/16 1953** and that death occurred **9:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. J. ...</b>		23b. ADDRESS <b>...</b>		23c. DATE SIGNED <b>3/17/53</b>	
24a. PORTAL CEMETERY REMOVAL (Specify)		24b. DATE <b>3/19/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walter Bond Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>J. ...</b>		24f. ADDRESS <b>...</b>	
DATE REC'D BY LOCAL REG. <b>3-17-1953</b>		REGISTRAR'S SIGNATURE <b>Sidney T. Gray</b>		385	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

72

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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

*J. Leslie Swann*

Licensed Embalmer No. *3275*

P. O. Address *Marshall, 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.