

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27954**

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **243**

164

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

1. PLACE OF DEATH a. CITY CAPE GIRARDEAU		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHAFFEE	
c. LENGTH OF STAY (in this place) 2 WKS.		d. STREET ADDRESS (If rural, give location) 606 S. MAIN ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION SOUTHEAST MISSOURI HOSP.			

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) BERT c. (Last) ARNOLD			4. DATE OF DEATH (Month) (Day) (Year) AUG. 7, 1953		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH AUG. 4, 1888		9. AGE (In years last birthday) 65		10. MONTHS 0 11. DAYS 3 12. HOURS - 13. MIN. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (City and State or Foreign Country) PECTOR, ARKANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME HENRY ARNOLD		13b. MOTHER'S MAIDEN NAME SARAH GERMAN		14. NAME OF HUSBAND OR WIFE LELA FRANCES ARNOLD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 430-01-5957		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tom ARNOLD - CHAFFEE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacterial Endocarditis (Pulmonary Embolism)		DUE TO (b) Rheumatic heart disease			6 mos	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			24 hrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					6 mos.	

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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **7-25-**, 1953, to **8-7-**, 1953, that I last saw the deceased alive on **8-7**, 1953, and that death occurred at **10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul B. Summers M.D.		23b. ADDRESS Cape Girardeau, Missouri		23c. DATE SIGNED 8-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-9-1953		24c. NAME OF CEMETERY OR CREMATORY MALDEN CEMETERY	
				24d. LOCATION (City, town, or county) (State) MALDEN, MISSOURI	

DATE REC'D BY LOCAL REG. 8-15-53		REGISTRAR'S SIGNATURE T. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. Chiplinghoff - Chaffee, Mo.	
---	--	--	--	--	--

SEP 1 0 1957

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 Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Missouri

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.