No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28360

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 744

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1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baptist

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Miller Lincoln
d. STREET ADDRESS (If rural, give location): R.F.D. # 2 0550 1

3. NAME OF DECEASED (Type or Print)
a. (First): A.
b. (Middle): J.
c. (Last): Von Arx

4. DATE OF DEATH (Month) (Day) (Year): 8 - 7 - 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: February 18, 188[illegible]
9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months: 5 Days: 20
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Hermann Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Jacob Von Arx
13b. MOTHER'S MAIDEN NAME: Mary Sherman
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Laura Rehagen
ADDRESS: K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis + Cachexia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adenocarcinoma Colon — 3 years
DUE TO (c) 153X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Intestinal Obstruction — 3-6 wks

19a. DATE OF OPERATION: 7-18-53
19b. MAJOR FINDINGS OF OPERATION: Recurrence l. sigmoid colon lesion + above
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (Specify, 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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 52, to 8/5, 19 53, that I last saw the deceased alive on 8/5, 19 53, and that death occurred at 12:05 P m., from the causes and on the date stated above.

23a. SIGNATURE: Norwood B. Hall M.D. (Degree or title)
23b. ADDRESS: Springfield Mo.
23c. DATE SIGNED: AUG 10 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-10-1953
24c. NAME OF CEMETERY OR CREMATORY: St. George Cemetery
24d. LOCATION (City, town, or county) (State): Hermann Mo

DATE REC'D BY LOCAL REG.: 8-14-53
REGISTRAR'S SIGNATURE: Faith Williamson
25. FUNERAL DIRECTOR'S SIGNATURE: Morris Lemon
ADDRESS: Miller Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 E. R. Lerman

Licensed Embalmer No. 3297

P. O. Address Miller Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.