

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31451

State File No.

No. 300
10-48

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5429 Registrar's No. 22

360

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Beaufort Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Beaufort Mo.</u>	
c. LENGTH OF STAY (In this place) <u>8 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Alban</u> c. (Last) <u>Arrowsmith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 13 1953</u>		
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5. SEX <u>M & W.</u>		6. COLOR OR RACE <u>M.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Aug 19, 1874</u>		9. AGE (In years, if UNDER 1 YEAR last birthday) <u>79</u> Months <u>10</u> Days <u>24</u> Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during hours of working life, even if retired) <u>Comotive Engineer Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u></u>			11. BIRTHPLACE (State or foreign country) <u>Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Albert Arrowsmith</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Faye</u>			14. NAME OF HUSBAND OR WIFE <u>Elizabeth Arrowsmith</u>		
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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>702-050982</u>		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Elizabeth Arrowsmith Beaufort</u>	
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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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</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.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>163X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 7-20, 1953, to 9-13, 1953, that I last saw the deceased alive on 9-12, 1953 and that death occurred at 3 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Matthews M.D.</u> (Degree or title)		23b. ADDRESS <u>Beaufort Mo.</u>		23c. DATE SIGNED <u>9-14-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 15 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Pauls Evangelist</u>		24d. LOCATION (City, town, or county) (State) <u>Beaufort Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>9-14-53</u>		REGISTRAR'S SIGNATURE <u>J. H. Matthews</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. H. Lemme Beaufort Mo.</u>	
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SEP 29 1953

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.....

E. H. Jenne

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *E. H. Jenne*

Licensed Embalmer No. *3076*

P. O. Address *Beaufort 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.