

STANDARD CERTIFICATE OF DEATH

State File No. 34760

FILED OCT 5 1953

BIRTH NO. REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 439 Registrar's No. 82

220
4

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

1. PLACE OF DEATH a. COUNTY <i>Shelby</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Shelby</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural-Blackbrook</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Shelby 1020</i>	
c. LENGTH OF STAY (In this place) <i>Life</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Pleasant Hill Rest Home</i>			

3. NAME OF DECEASED a. (First) <i>Belle</i> b. (Middle) c. (Last) <i>ARISMAN</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 20 1953</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Mar-1-1872</i>
9. AGE (In years last birthday) <i>81-6-20</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) <i>Ill</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Wm W. Hales</i>	13b. MOTHER'S MAIDEN NAME <i>Amanda Belle</i>	14. NAME OF HUSBAND OR WIFE <i>Hiram Arisman</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <i>Alfred P. Arisman</i> ADDRESS <i>Shelbyville, Mo.</i>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Arterio Sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input type="checkbox"/> DUE TO (c) <input type="checkbox"/>		
	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) <i>334 X</i>
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 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 8:45 a m., from the causes and on the date stated above.

23a. SIGNATURE <i>F. G. Brewer</i> (Degree or title) <i>W.D.</i>	23b. ADDRESS <i>Shelbyville Mo</i>	23c. DATE SIGNED <i>9-21-53</i>
--	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept 23 1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>A.O.O.F. Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Shelbyville, Mo.</i>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <i>Sept 25 1953</i>	REGISTRAR'S SIGNATURE <i>Ada Garrison</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>E. P. Thompson</i> ADDRESS <i>Shelbyville, Mo.</i>
--	---	--

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.....

.....
working under my personal supervision.

Myself

Student Embalmer No.....

Signed.....

E. P. Thompson

Signed.....
Student Embalmer

Licensed Embalmer No. *1632*

P. O. Address *Shelbyville, 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.