S. No. 300
v. 10.48

FILED NOV 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35223

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 33

0150 1

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

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osage T Rural
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Camdenton 0150 0
d. STREET ADDRESS (If rural, give location): R Route I

3. NAME OF DECEASED (Type or Print)
a. (First): Chalmer
b. (Middle): Edwin
c. (Last): Von Arb

4. DATE OF DEATH (Month) (Day) (Year): Oct 27-1953

5. SEX: male 0
6. COLOR OR RACE: wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: Oct 23-1890
9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Dwellings
11. BIRTHPLACE (City and State or Foreign Country): Derborne Mo 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Emil Von Arb
13b. MOTHER'S MAIDEN NAME: Mary McIntosh
14. NAME OF HUSBAND OR WIFE: Irene Simmons

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.
17. INFORMANT'S SIGNATURE OR NAME: Wayne Von Arb
ADDRESS: Kansas City Mo 307 Jackson

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): Coronary Thromboses
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterial Sclerosis
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Sudden

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4-2-01
20. AUTOPSY? YES ☐ 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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* VIEWED Oct 27 1953 *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 10:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Abbie Bankson Woolery 3 Coroner
23b. ADDRESS: Camdenton Mo
23c. DATE SIGNED: Oct 28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 31-1953
24c. NAME OF CEMETERY OR CREMATORY: Lake of the Ozarks
24d. LOCATION (City, town, or county) (State): Camden Co Mo

DATE REC'D BY LOCAL REG.: Oct 31-1953
REGISTRAR'S SIGNATURE: Zilpha Traw 42-0
25. FUNERAL DIRECTOR'S SIGNATURE: Bankson Woolery
ADDRESS: Camdenton Mo

(Licensed Embalmer's Statement on Reverse Side)

NOV 3 1959

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 Robin Bankson Woolery

Licensed Embalmer No. 2488T

P. O. Address Dandelion M

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.