

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

690

State File No. ....

FILED FEB 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 11

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cooper</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boonville</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boonville</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At home, 629 E. Spring St.</b>                     |  | d. STREET ADDRESS (If rural, give location) <b>629 E. Spring St.</b>  |  |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>William</b> b. (Middle) <b>Lee</b> c. (Last) <b>Arnold.</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>January 25 1954</b> |  |  |
| 5. SEX <b>Male</b>   |  | 6. COLOR OR RACE <b>White</b>                        |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>              |  |
| 8. DATE OF BIRTH <b>July 23 1886</b>   |  | 9. AGE (In years last birthday) <b>67</b>            |   | 10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Mins.)                                |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Custodian</b>     |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Post Office</b> |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Cooper County, Missouri.</b> |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  |  |   |  |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME <b>Levi Arnold.</b> |  | 13b. MOTHER'S MAIDEN NAME <b>Jeanette Hurt Arnold</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Betty Hornbeck Arnold.</b> |  |
|--|--|---|--|---|--|

|  |  |                               |  |  |  |
|--|--|-------------------------------|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> |  | 16. SOCIAL SECURITY NO. ----- |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Betty Arnold, Boonville, Mo.</b> |  |
|--|--|-------------------------------|--|--|--|

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last.<br>DUE TO (b) <b>no record of any</b><br>DUE TO (c) _____<br><br>2. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Had hernia on left inguinal</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 months</b><br><br><br><br><br><b>2 years</b> |  |
|---|--|---|--|--|--|---|--|

|                        |  |                                  |  |  |  |  |  |
|------------------------|--|----------------------------------|--|--|--|--|--|
| 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) |  | 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 July 1, 1953, to Jan. 25, 1954, that I last saw the deceased alive on Jan. 25, 1954, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

|   |  |                                   |  |                                 |  |
|---|--|-----------------------------------|--|---------------------------------|--|
| 22a. SIGNATURE (Degree or title) <b>W. E. Stone M. D.</b> |  | 22b. ADDRESS <b>Boonville Mo.</b> |  | 22c. DATE SIGNED <b>1-26-54</b> |  |
|---|--|-----------------------------------|--|---------------------------------|--|

|   |  |                             |  |  |  |   |  |
|---|--|-----------------------------|--|--|--|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> |  | 23b. DATE <b>Jan. 28/54</b> |  | 23c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b> |  | 23d. LOCATION (City, town, or county) (State) <b>Boonville, Missouri.</b> |  |
|---|--|-----------------------------|--|--|--|---|--|

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <b>1-26-54</b> |  | REGISTRAR'S SIGNATURE <b>[Signature]</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Goodman &amp; Boller, Boonville, Mo.</b> |  |
|---|--|--|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

0272

0273

FEB 17 1954

MAR 17 1954

**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 G. F. Keller

Licensed Embalmer No. 3062

P. O. Address Roanoke, Va

**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.