

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

959

State File No. ....

FILED FEB 15 1954  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 141

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Springfield</b> )		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Spgfd. Baptist Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>RICHARD</b>		d. STREET ADDRESS (If rural, give location) <b>2146 N. Main</b>	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) <b>February 5, 1954</b>	
c. (Last) <b>McARTHUR</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>29 JAN. 1933</b>
9. AGE (In years last birthday) <b>21</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Delivery Boy</b>	11. BIRTHPLACE (State or foreign country) <b>NORTH DAKOTA</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Motor Supply Co</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>TILDEN McARTHUR</b>		14. NAME OF HUSBAND OR WIFE <b>SINGLE</b>	
13b. MOTHER'S MAIDEN NAME <b>LUDMILLA WETCH</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>TILDEN McARTHUR</b> ADDRESS <b>SPGFD. MO</b>	
16. SOCIAL SECURITY NO. <b>YES</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Acute mediastinitis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Traumatic rupture of Esophagus</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Epilepsy, Grand Mal type; Fractures left humerus, femur, right tibia</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>50 hrs</b> <b>50 hrs</b> <b>Several years</b> <b>50 hrs</b>	
19a. DATE OF OPERATION <b>Feb 3, 1954</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION <b>Compound fracture left humerus, laceration left knee fracture right tibia</b>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Springfield Greene Mo.</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Feb 3 1954 3:00p. m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? <b>Motor scooter - truck collision</b>	
22. I hereby certify that I attended the deceased from <b>Feb 3, 1954</b> , to <b>Feb 5, 1954</b> , that I last saw the deceased alive on <b>present at death</b> , and that death occurred at <b>11:20P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Frank D. Sundstrom, M.D.</b>		23b. ADDRESS <b>Springfield, Mo.</b>	
23c. DATE SIGNED <b>Feb 6, 1954</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>	
24b. DATE <b>FEB 9, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREENLAWN CEMETERY</b>	
DATE REC'D BY LOCAL REG. <b>2-8-54</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.W. Klingner &amp; Co.</b> ADDRESS <b>Springfield, Mo.</b>	
REGISTRAR'S SIGNATURE <b>Edith Williamson</b>			

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**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

*Ogden Stone Jr.*

Licensed Embalmer No. *4176*

P. O. Address

*Springfield*

**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.