

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3876**
Registrar's No. **30**

FILED MAR 2 1954

BIRTH NO. REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY OR TOWN Wright City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mexico General Hospital		e. STREET ADDRESS (If rural, give location) 1040	

3. NAME OF DECEASED (Type or Print) a. (First) Elma b. (Middle) Mildred c. (Last) Arnall		4. DATE OF DEATH (Month) (Day) (Year) Feb 17, 1954	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept 15, 1880
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Widow	11. BIRTHPLACE (City and State or Foreign Country) Warrenton, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Wm. B. Seay	

13b. MOTHER'S MAIDEN NAME Elizabeth Roberts		14. NAME OF HUSBAND OR WIFE Mrs Walter Willis--Wright City, Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs Walter Willis--Wright City, Mo		ADDRESS Wright City, Mo	

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 (a) Adenocarcinoma sigmoid INTERVAL BETWEEN ONSET AND DEATH 4 yrs 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. 153X	
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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) 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 **Nov. 23, 1953**, to **Feb. 17, 1954**, that I last saw the deceased alive on **Feb. 17, 1954**, and that death occurred at **10:45 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. D. [Signature] (Degree or title) MD		23b. ADDRESS Mexico Mo		23c. DATE SIGNED 2-25-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-17-54		24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	
24d. LOCATION (City, town, or county) (State) Wright City, Missouri					

DATE REC'D BY LOCAL REG. Feb 25 1954		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS NIEBURG FUN. & FURN CO. WRIGHT CITY MO	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 482

P. O. Address Memphis, Tenn.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.