

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

4648

State File No.

FILED MAR 8 1954 REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 4216 Registrar's No. 320

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Calhoun</u>		c. CITY OR TOWN <u>Calhoun</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>His own Home</u>		e. STREET ADDRESS (If rural, give location) <u>0420</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Duncan</u> b. (Middle) <u>George</u> c. (Last) <u>McArthur</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 26 1954</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3 24 1875</u>	
9. AGE (In years last birthday) <u>78</u>		10. MONTHS <u>11</u> DAYS <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Stirling Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John McArthur</u>		13b. MOTHER'S MAIDEN NAME <u>Leannette McArthur</u>	
14. NAME OF HUSBAND OR WIFE <u>Daisy McArthur</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Russell H. McArthur</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
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) (Min.)		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 <u>1-20</u> , 19 <u>54</u> , to <u>1-26</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1-25</u> , 19 <u>54</u> , and that death occurred at <u>1 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Russell H. McArthur</u>		23b. ADDRESS <u>Windsor Mo</u>	
23c. DATE SIGNED <u>2-27-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb 28</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. A. Housey</u>	
DATE REC'D BY LOCAL REG. <u>Feb-18-54</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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.....

J. A. Housey

Licensed Embalmer No. *350*

P. O. Address *Calhoun*

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.