

# STANDARD CERTIFICATE OF DEATH

State File No. **5534**

BIRTH NO. **FILED MAR 1 1954** REG. DIST. NO. **234** PRIMARY REG. DIST. NO. **5815** Registrar's No. **5**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Morgan</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Morgan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural How Creek</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural How Creek Township</b>	
c. LENGTH OF STAY (in this place) <b>23 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1 N. W. Versailles, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>M. W. Versailles</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Sophia</b>		a. (First) <b>Sophia</b>		b. (Middle)		c. (Last) <b>Arnhold</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 18, 1954</b>	
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Never Married</b>		<b>8. DATE OF BIRTH</b> <b>Aug. 24, 1874</b>		<b>9. AGE</b> (In years last birthday) <b>79</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>at home</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>None</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Versailles, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>			

<b>13a. FATHER'S NAME</b> <b>George Arnhold</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Dorothy Swartzott</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Single</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Paul Arnhold</b>	
				<b>ADDRESS</b> <b>Versailles, Mo.</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 min.</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Generalized Arteriosclerosis</b>		YEARS <b>4</b>		
DUE TO (c)		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>331X</b>		

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			

**22. I hereby certify that I attended the deceased from March, 1953, to Feb. 18, 1954, that I last saw the deceased alive on Feb. 13, 1954, and that death occurred at 5 p. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (In full name) <b>Robert Raymond Jule, M.D.</b>		<b>23b. ADDRESS</b> <b>Versailles, Mo.</b>		<b>23c. DATE SIGNED</b> <b>2-20-54</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>burial</b>		<b>24b. DATE</b> <b>21 Feb. 54</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Versailles Cemetery</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>Feb 22 1954</b>		<b>REGISTRAR'S SIGNATURE</b> <b>212-61</b> <b>Wm. L. Rippeger</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>W. F. Caldwell</b>	
				<b>ADDRESS</b> <b>Versailles, Mo.</b>	

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

FEB 11 1955

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 Raymond C. Foster

Licensed Embalmer No. 4626

P. O. Address Versailles, Mo.

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.