THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7647

BIRTH NO. FILED MAR 30 1954 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY (in this place): 15 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Audrain Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain 0043
c. CITY OR TOWN: Mexico
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 0
e. STREET ADDRESS (If rural, give location): Ben Bolt Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle): Eliza
c. (Last): Arnold

4. DATE OF DEATH: (Month) March (Day) 26 (Year) 1954

5. SEX: Female /

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed d

8. DATE OF BIRTH: March 27 1875

9. AGE (In years last birthday): 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Forestel, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Lewis W. English

13b. MOTHER'S MAIDEN NAME: Lucy Brown

14. NAME OF HUSBAND OR WIFE: Charles P. Arnold Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Chas. Arnold, Jr. Mexico, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral thrombosis - cured — INTERVAL BETWEEN ONSET AND DEATH: 3-23-54

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertensement Cardiac Vascular Disease — 10 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: X

19b. MAJOR FINDINGS OF OPERATION: X

443 X

20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): X

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: X

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?: X

22. *I hereby certify that I attended the deceased from* 3-23, 1954, *to* 3-26-, 1954, *that I last saw the deceased alive on* 3-25, 1954, *and that death occurred at* 620 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry J. O'Brien M.D.

23b. ADDRESS: Mexico, Missouri

23c. DATE SIGNED: 3-26-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/27/54

24c. NAME OF CEMETERY OR CREMATORY: East Lawn Memorial PK

24d. LOCATION (City, town, or county) (State): Mexico, Missouri

DATE REC'D BY LOCAL REG.: Mar 27-1954

REGISTRAR'S SIGNATURE: Blanche Neely

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Chas Arnold Mexico, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 10 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard Y. Mealor

Licensed Embalmer No. 482

P. O. Address Mexico

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.