

FILED MAY 19 1954

STANDARD CERTIFICATE OF DEATH

State File No.

14820

BIRTH NO.

REG. DIST. NO.

11

PRIMARY REG. DIST. NO.

4024

Registrar's No.

52

1. PLACE OF DEATH

a. COUNTY

Barry

b. CITY (If outside corporate limits, write RURAL and give township)

Cassville

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Barry

c. CITY (If outside corporate limits, write RURAL and give township)

Cassville

2050

d. FULL NAME OF HOSPITAL OR INSTITUTION

d. STREET ADDRESS

(If rural, give location)

0

3. NAME OF DECEASED
(Type or Print)

a. (First)

Elias

b. (Middle)

Calvin

c. (Last)

Arney

4. DATE OF DEATH

(Month)

(Day)

(Year)

5-9-1954

5. SEX

male

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

never married

8. DATE OF BIRTH

6-1-1880

9. AGE (In years last birthday)

73

IF UNDER 1 YEAR

MONTHS

IF UNDER 1 YEAR

IF UNDER 1 YEAR

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

farming

10b. KIND OF BUSINESS OR INDUSTRY

farm

11. BIRTHPLACE (State or foreign country)

Audubon, Iowa

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Eli Arney

13b. MOTHER'S MAIDEN NAME

Lucinda Fulk

14. NAME OF HUSBAND OR WIFE

none

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.

17. INFORMANT'S SIGNATURE OR NAME

Mrs. Mattie Lee-Cassville, Missouri

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

Carcinoma of Liver

INTERVAL BETWEEN ONSET AND DEATH

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

20. AUTOPSY?

YES ☐NO ☐

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)

21e. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1954, to May 5, 1954, that I last saw the deceased alive on May 1, 1954, and that death occurred at 10:30 AM, from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

5-10-1954

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

5-13-1954

REGISTRAR'S SIGNATURE

Grace Williams

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

E. M. Light, Cassville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 554-35

DATE REC. 5-15-54

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Elmer D. Tinscott

Licensed Embalmer No. 4817

P. O. Address Cassville, 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.