

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 16596

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>3041</u>		Registrar's No. <u>231</u>	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>		c. LENGTH OF STAY (In this place) <u>30 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>		d. STREET ADDRESS (If rural, give location) <u>605 S. Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>605 S. Missouri</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Amos</u>		b. (Middle) <u>Newton</u>		c. (Last) <u>Arnett</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 4 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>June 4, 1878</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Henry M. Arnett</u>		13b. MOTHER'S MAIDEN NAME <u>Ester Jane Straight</u>		14. NAME OF HUSBAND OR WIFE <u>Carrie Arnett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Carrie Arnett Macon, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinoma</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma</u> DUE TO (c) <u>Colon Transverse</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153 X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>5 yrs</u>	
19a. DATE OF OPERATION <u>6-28-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma Transverse Bowel with metastases</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Macon MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>5-4-54</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>153 X</u>			
22. I hereby certify that I attended the deceased from <u>4-19-1948</u> , to <u>5-4-1954</u> , that I last saw the deceased alive on <u>5-4-1954</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Macon MO</u>		23c. DATE SIGNED <u>5-8-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 6, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsior Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/22/54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Macon, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

6. 7. 34
MACON COUNTY HEALTH DEPARTMENT

County File No. 6-54.93,

Date Filed 6. 8. 34

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

Charles L. Tuttle

Licensed Embalmer No. 4577

P. O. Address Macon Ga

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.