

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

36186

State File No.

FILED OCT 19 1954

BIRTH NO.		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>6088</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>			
b. CITY OR TOWN <u>Rural - Miami</u>		c. CITY OR TOWN <u>Marshall</u>		d. Is Residence within limits of a city or incorporated town? <u>No</u>		e. STREET ADDRESS (If rural, give location) <u>6 miles North Marshall</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Six Mile North Marshall</u>				e. STREET ADDRESS (If rural, give location) <u>6 miles North Marshall</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ELIZABETH</u>		b. (Middle) <u>ARNOLD</u>		c. (Last) <u>ARNOLD</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 9 - 54</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 25 - 1886</u>		9. AGE (In years last birthday) <u>67-9-14</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Henry Limkuehler</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Hidinghagen</u>		14. NAME OF HUSBAND OR WIFE <u>Raymond Arnold, Marshall, Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Arnold, Marshall, Mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma General Metastasis</u>		b. <u>Stomach - Esophagus / Left Breast</u>		c. <u>Antecedent Causes</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Antecedent Causes</u>		DUE TO (c) <u>Antecedent Causes</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Potomac Poison</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>151 X C</u>		YES <input type="checkbox"/> NO <input 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)	
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>Oct. 5, 1954</u> , to <u>Oct. 9, 1954</u> , that I last saw the deceased alive on <u>Oct. 9, 1954</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>E.C. Macy D.O.</u>	
23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>10-12-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-12-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Slater City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Slater, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.R. Jones</u>		25. ADDRESS <u>Slater, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10/12/54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Macy</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>J.R. Jones</u>		26. ADDRESS <u>Slater, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 314

P. O. Address State

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.