

FILED DEC 1 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37766

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 559

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Carthage</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>423 Sophia St.</u>	
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Arthur</u>	b. (Middle)	c. (Last) <u>Sites</u>
4. DATE OF DEATH	(Month) <u>11</u>	(Day) <u>23</u>	(Year) <u>54</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>6-26-1878</u>
9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mays Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>A.J. Sites</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>
14. NAME OF HUSBAND OR WIFE <u>Iva</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ernest Huggins</u>		ADDRESS <u>St. Carthage, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial failure.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Hypostatic Pneumonia Postop. 2 days</u>	DUE TO (c) <u>Pericarditis disease.</u>	<u>several yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	19a. DATE OF OPERATION <u>11-19-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Enlarged Prostate</u>
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>11-16</u> , 19 <u>54</u> , to <u>11-23</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-23</u> , 19 <u>54</u> , and that death occurred at <u>6:00 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. D. Sites</u>		23b. ADDRESS <u>Joplin, Mo.</u>	23c. DATE SIGNED <u>11-24-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-26-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery Carthage</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>
DATE REC'D BY LOCAL REG. <u>11-26-54</u>	REGISTRAR'S SIGNATURE <u>James S. Knell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James S. Knell</u> ADDRESS <u>Knell Funeral Home Carthage, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number  
Date Filed **NOV 30 1954**

**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 *Robert H. Knell*

Licensed Embalmer No. *445*

P. O. Address... *Carthage*

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.