

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40309

FILED JAN 11 1955

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

BIRTH NO. _____ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 5174 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Rural - Adams</u>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Camden</u> <u>0150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>		d. STREET ADDRESS (If rural, give location) <u>Star Route</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>W</u> c. (Last) <u>Entz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20-1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>April 1-1878</u>
9. AGE (In years last birthday)	10. KIND OF BUSINESS OR INDUSTRY <u>Agri</u>	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agri</u>	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>(?)</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Papers</u> <u>in home</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>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <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>Dec 20, 1954</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30 pm.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John Woolery Co. Coroner</u>		23b. ADDRESS <u>Camdenton, Mo.</u>	23c. DATE SIGNED <u>Dec 21 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec 22-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rosch</u>	24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan 7-1954</u>	REGISTRAR'S SIGNATURE <u>Alda R. Eldred</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson-Woolery</u>	ADDRESS <u>Camdenton Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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 Abbie Wolvers

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.