

FILED APR 12 1955

STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>93</u>	
1. PLACE OF DEATH a. COUNTY <u>MARION 0644</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILL.</u> b. COUNTY <u>PIKE #120</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>LANNIBAL</u>		c. LENGTH OF STAY (in this place) <u>3 WKS</u>		c. CITY OR TOWN <u>LULL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST ELIZABETH HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <u>CHARLES</u>		b. (Middle) <u>WILLIAM</u>		c. (Last) <u>ARTHUR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-30-55</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 4, 1875</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>CARPENTER (RET.)</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>PIKE COUNTY, ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN THOMAS ARTHUR</u>			13b. MOTHER'S MAIDEN NAME <u>ARMINTA BUCHANAN</u>			14. NAME OF HUSBAND OR WIFE <u>SARAH JUDY - (DECEASED)</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clara Eide - Hull #200</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>1. Myocardial failure</u> ANTECEDENT CAUSES Chronic myocarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Nephrosis, nephritis and pyelitis severe</u> DUE TO (c) <u>Cerebral pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> <u>10 yrs</u> <u>acute</u> <u>2 weeks.</u> <u>10 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>				20. AUTOPSY? 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>Nov/22, 1950</u> , to <u>May/30, 1955</u> , that I last saw the deceased alive on <u>May/30, 1955</u> , and that death occurred at <u>2:50 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Hull #200</u>		23c. DATE SIGNED <u>3-30-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-1-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ARER'S CHAPEL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>HULL ILL</u>	
DATE REC'D BY LOCAL REG. <u>3/31/55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 9 1955
MARION CO. HEALTH DEPT.
DATE FILED APR 9 1955

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 *Ralph Clark*

Licensed Embalmer No. *421*

P. O. Address *Jessie*

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.