

FILED APR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11164**
Registrar's No. **255**BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5143**

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Goodwill Nursing Home				d. STREET ADDRESS (If rural, give location) Goodwill Nursing Home					
3. NAME OF DECEASED (Type or Print) a. (First) Jack			b. (Middle)		c. (Last) Arnold		4. DATE OF DEATH (Month) (Day) (Year) March 17, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 6, 1883			
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Fairdealng, Mo.			
11. BIRTHPLACE (City and State or Foreign Country) Fairdealng, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John Arnold		13b. MOTHER'S MAIDEN NAME Frona Mae House			
13a. FATHER'S NAME John Arnold		13b. MOTHER'S MAIDEN NAME Frona Mae House		14. NAME OF HUSBAND OR WIFE Lucy Hackney Arnold, Decd		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 499-05-2410A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Grover Greer Poplar Bluff, Mo.					
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary Atherosclerosis ANTECEDENT CAUSES Central Arteriosclerosis DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 wks. ?	
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)		21. HOW DID INJURY OCCUR? 331X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 7 Jan, 1949, to 17 Mar, 1955 , that I last saw the deceased alive on 17 Mar, 1955 , and that death occurred at 6:00P m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) W. H. Woodhouse, M.D.				23b. ADDRESS 3210 Poplar Bluff, Mo.		23c. DATE SIGNED 6 April 55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-19-55		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.			
DATE REC'D BY LOCAL REG. 4/11/55		REGISTRAR'S SIGNATURE W. H. Woodhouse		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 18 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Wallace R. Knight

Licensed Embalmer No. 4574

P. O. Address 412 W. Poplar Bluff

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.