

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 1829

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WRITE PLAINLY--USING UNEADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Pike</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>		c. CITY OR TOWN <b>Barry</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 day</b>		e. STREET ADDRESS (If rural, give location) <b>Hadley Twp. 3 Mi. east of Barry</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Roy E. ARNETT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June, 23, 1955.</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 18, 1886.</b>
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Barry, Illinois.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>			

13a. FATHER'S NAME <b>Thomas Arnett</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Haycraft</b>	14. NAME OF HUSBAND OR WIFE <b>Maude Arnett</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Maude Arnett</b>	ADDRESS <b>Barry, Illinois</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>acute</b>
	ANTECEDENT CAUSES As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>asthma, arteriosclerosis, heart disease</b>		
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 <b>4200</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 20, 1955, June 23, 1955**, that I last saw the deceased alive on **June 23, 1955**, and that death occurred at **6 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. H. ...</b>	(Degree or title)	23b. ADDRESS <b>Hull, Ill</b>	23c. DATE SIGNED <b>6/24/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 26, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn</b>	24d. LOCATION (City, town, or county) (State) <b>Barry, Pike, Illinois.</b>
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DATE REC'D BY LOCAL REG. <b>6/24/55</b>	REGISTRAR'S SIGNATURE <b>W. H. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank J. Hubragel</b>	ADDRESS <b>Barry, Ill</b>
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RECEIVED JUL 12 1955  
MARION CO. HEALTH DEPT.  
DATE FILED JUL 12 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: *Not Embalmed*

Student.....  
Signature of Student Embalmer

Signed *Fred J. Hufnagel*  
*Illinois* Licensed Embalmer No. *521*

P. O. Address *Bany, Ill*

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.