No. 300
10.48

400
7

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

FILED AUG 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21894

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 4202 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY: GRUNDY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SpicKARD
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: GRUNDY
c. CITY OR TOWN: SpicKARD
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0400

3. NAME OF DECEASED (Type or Print)
a. (First): EUGENE
b. (Middle):
c. (Last): ARNEY

4. DATE OF DEATH (Month) (Day) (Year): JULY 11 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE-5-1890
9. AGE (In years last birthday): 65
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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: CONELLIAS ARNEY
13b. MOTHER'S MAIDEN NAME: MARILDA FEARS
14. NAME OF HUSBAND OR WIFE: MINIE LEE ARNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: 493-18-6882
17. INFORMANT'S SIGNATURE OR NAME: MINIE LEE ARNEY
ADDRESS: SpicKARD 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 177 X
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 1st, 19 55, *to* July 10th, 19 55, *that I last saw the deceased alive on* July 10th, 19 55, *and that death occurred at* 1:15 p. m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Oliver F. Duffy M.D.
23b. ADDRESS: Trenton Mo
23c. DATE SIGNED: July 12th 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 13 1955
24c. NAME OF CEMETERY OR CREMATORY: MARTIN CEM.
24d. LOCATION (City, town, or county) (State): GRUNDY CO. MO.

DATE REC'D BY LOCAL REG.: 7-13-55
REGISTRAR'S SIGNATURE: Irene Farr
25. FUNERAL DIRECTOR'S SIGNATURE: SCHOOLER FUNERAL HOME
ADDRESS: SpicKARD MO.

(Licensed Embalmer's Statement on Reverse Side)

AUG 18 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ross Wise.....

Licensed Embalmer No. 277

P. O. Address Spickard

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.