

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **26817**

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5641</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Dover</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Dover</u> 0-5110			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>mi. East of Dover, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>1 mi. East of Dover, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSE</u> b. (Middle) <u>ARTH</u> c. (Last) <u>ARTH</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 3, 1889</u>	
9. AGE (In years last birthday) <u>66</u>		10. UNDER 1 YEAR Months <u>6</u>		10. UNDER 1 YEAR Hours <u>5</u>		10. UNDER 1 YEAR Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <u>Near Blackburn, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Max Poitner</u>		13b. MOTHER'S MAIDEN NAME <u>Theresia Bauerle</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. H. Arth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. H. Arth</u> ADDRESS <u>RFD Dover, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u> ANTECEDENT CAUSES <u>cardio vascular renal disease arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) <u>442X</u> 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>1947</u> , 19____, to _____, 19____, that I last saw the deceased alive on <u>July 11</u> , 19 <u>55</u> , and that death occurred at <u>8:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Jordan Spelling M.D.</u> (Degree or title)				23b. ADDRESS <u>Waverly, Missouri</u>		23c. DATE SIGNED <u>7/14/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 14, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dover Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 9, 55</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray F. Wiegner</u> ADDRESS <u>Higginsville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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

Roy F. Wagers

Licensed Embalmer No. *2883*

P. O. Address

Higginsville Mo.

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.