

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32125**

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>196</u>	
1. PLACE OF DEATH a. CITY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>			
b. CITY OR TOWN <u>Mexico Mo</u>		c. LENGTH OF STAY (in this place) <u>60 Da</u>		c. CITY OR TOWN <u>Williamsburg Mo</u>		0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Baker Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) <u>Dora</u>		a. (First) <u>Belle</u>		c. (Last) <u>Arnold</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-12-1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>4-23-1860</u>	
9. AGE (In years last birthday) <u>95</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Callaway County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Samuel Harrison</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy French</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</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>Mrs Caroline Weeks Williamsburg 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>Acute Cardiac Dilatation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Generalized Atherosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 minutes</u> <u>2 yrs</u> <u>5 yrs</u> <u>10 yrs</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>		44.3X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>10/11</u> , 19 <u>55</u> , to <u>10/11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10/11</u> , 19 <u>55</u> , and that death occurred at <u>4:15</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Thos. L. Swyer, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Mexico, Mo</u>		23c. DATE SIGNED <u>10/13/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MONTGOMERY CITY CEM</u>		24d. LOCATION (City, town, or county) (State) <u>MONTGOMERY CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>Oct 13-1955</u>		REGISTERER'S SIGNATURE <u>Blanche Reely</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. H. H. H. H.</u>		ADDRESS <u>MONTGOMERY CITY MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 XXX on the
day of October 1955

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed C. W. Hopkins
C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.