No. 300
10-48

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35868

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 220

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mexico
c. LENGTH OF STAY (in this place): 2 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Audrain County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN: Mexico
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 723 West Love

02 4 3 0

3. NAME OF DECEASED (Type or Print)
a. (First): Mayme
b. (Middle): Henrietta
c. (Last): Arnold

4. DATE OF DEATH (Month) (Day) (Year): Nov 15, 1955

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 10, 1869
9. AGE (In years last birthday): 86 — 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): at Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Montgomery Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas J. Clyce
13b. MOTHER'S MAIDEN NAME: Rebecca Griswol
14. NAME OF HUSBAND OR WIFE: E.D. Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: E.D. Arnold, Mexico, 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) 1) Gangrene righ leg - (arterial — INTERVAL BETWEEN ONSET AND DEATH: 11-4-55

ANTECEDENT CAUSES — DUE TO (b) 2) Generalized - arterio sclerosis — 10 years

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (c) 3) Arteriosclerotic heart disease - with failing myocardium — 1 yr.

H200

II. OTHER SIGNIFICANT CONDITIONS — Acute arterial occlusion
Conditions contributing to the death but not related to the disease or condition causing death. 1953 - of - anterior ... amputated

19a. DATE OF OPERATION: No.
19b. MAJOR FINDINGS OF OPERATION: None - refused amputation at Med Chief
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): X
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: X
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: X

22. *I hereby certify that I attended the deceased from* 11-4, 1955, *to* 11-15, 1955, *that I last saw the deceased alive on* 11-15, 1955, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry H. O'Brien M.D.
23b. ADDRESS: Mexico Missouri
23c. DATE SIGNED: 11-15-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-18-55
24c. NAME OF CEMETERY OR CREMATORY: ELMWOOD Cemetery
24d. LOCATION (City, town, or county) (State): Mexico - Mo

DATE REC'D BY LOCAL REG.: Nov-16-1955
REGISTRAR'S SIGNATURE: Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Arnold Funeral Home Mexico, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JAN. 3 [illegible]

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 Richard J. McDonald

Licensed Embalmer No. 487

P. O. Address Mexico

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.