

FILED DEC-28 1955

STANDARD CERTIFICATE OF DEATH

43099

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>241</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		c. LENGTH OF STAY (In this place) <u>2 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u>		d. STREET ADDRESS (If rural, give location) <u>217 West Emma St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u>							
3. NAME OF DECEASED (Type or Print) <u>Eddie</u>		a. (First) <u>E</u> b. (Middle) <u>MA</u> c. (Last) <u>ARCELL</u>		4. DATE OF DEATH <u>Nov-22-55</u> (Month) (Day) (Year)			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>2-21-1874</u> (Month) (Day) (Year)	
9. AGE (In years, last birthday) <u>81-10-1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Morrow, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Elmer Arcell</u>		13b. MOTHER'S MAIDEN NAME <u>Marion C Emberton</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>_____</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs W P Nickerson, Slater 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>Broncho pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Upper respiratory infection</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>491X years</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12/17/55</u> <u>12-10-55</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 <u>12-10-55</u> to <u>12-22, 1955</u> , that I last saw the deceased alive on <u>12-22, 1955</u> , and that death occurred at <u>12-22</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>C. A. McBurney, M.D.</u> (Degree or title)				23b. ADDRESS <u>Slater, Mo.</u>		23c. DATE SIGNED <u>12-23-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-24-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater City</u>		24d. LOCATION (City, town, or county) (State) <u>Slater Saline Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-24-55</u>		REGISTRAR'S SIGNATURE <u>Cecil V. Reed, Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Slater Mo</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 11 1959

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.