

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1866

State File No.

FILED JAN 16 1956

BIRTH NO.		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>5660</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> OR TOWN <u>Dickerson</u>		c. LENGTH OF STAY (in this place) <u>54 yrs.</u>		c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Prairie View Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>Lewistown, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Otto</u>		b. (Middle) <u>F.</u>		c. (Last) <u>Arend</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6, 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Jan. 25, 1881</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>La Grange, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>August Arend</u>		13b. MOTHER'S MAIDEN NAME <u>Rickey C. Maier</u>		14. NAME OF HUSBAND OR WIFE <u>Single</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 ADDRESS <u>August H. Arend, Keokuk, Iowa</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, antheria, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 month.</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>334X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>Aug 18 1953</u> to <u>Jan 6 1956</u> , that I last saw the deceased alive on <u>3 Jan 1956</u> , and that death occurred at <u>10:30 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John A. Willis D.O.</u>				23b. ADDRESS <u>Lewistown Mo</u>		23c. DATE SIGNED <u>10 Jan 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 7, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>River View Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>La Grange, Lewis Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-12-56</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Jenkins</u>		ADDRESS <u>Canton, Mo.</u>	

(If used 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, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Earl H. Buckley*.....
Licensed Embalmer No. 2613

P. O. Address *Canton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.