

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2568

FILED JAN 25 1956

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 611	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Jefferson		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp.				f. STREET ADDRESS (If rural, give location) 913 Harding St. 0214			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Roscoe c. (Last) Arney			4. DATE OF DEATH (Month) (Day) (Year) 1 17 1956				
5. SEX M	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 27, 1886		9. AGE (In years last birthday) 69 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R. R.		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME John Arney			13b. MOTHER'S MAIDEN NAME Margaret Leslie		14. NAME OF HUSBAND OR WIFE Verete Barcil		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No. Nil.		16. SOCIAL SECURITY NO. 704-12-4740		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Verete Arney, Jefferson City, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction					INTERVAL BETWEEN ONSET AND DEATH _____	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Dis.						
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebrovascular Accident						
19. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4200 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE OR 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) _____			
22. 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 Dec. 23, 1955 to Jan. 17, 1956 , that I last saw the deceased alive on Jan. 16, 1956 , and that death occurred at 2:57 AM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles Arney			23b. ADDRESS 1755 S Grand			23c. DATE SIGNED 1-17-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-17-56	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery		24d. LOCATION (City, town, or county) (State) Russellville, Mo.		
DATE REC'D BY LOCAL REG. JAN 18 1956		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington,			

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

Cause by wife

AGBI 3 2 1956

JAN 22 1959

MAR 4 1957

FEB 14 1956
FEB 6 1956

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..... *Elmo R. Sedwell*

Licensed Embalmer No. *4077*

P. O. Address..... *St. Louis*

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.