

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5617**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **50**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Hannibal
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital		d. STREET ADDRESS (If rural, give location) 7301 Market Street	

3. NAME OF DECEASED (Type or Print) Cora Alexis Arendt			4. DATE OF DEATH (Month) (Day) (Year) February 8, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 28, 1882	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 9 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Pike County Missouri	

13a. FATHER'S NAME Chancey Jerome McCanns		13b. MOTHER'S MAIDEN NAME Sarah McGee		14. NAME OF HUSBAND OR WIFE Henry Theodore Arendt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME Lawrence Nichols ADDRESS Hannibal Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		DUPLICATE OF (b)		7 mths	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c)			
II. OTHER SIGNIFICANT CONDITIONS S. splenemia and infected Atrial Clot				2 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)		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 **9-3-55**, 19___, to **2-8-56**, 19___, that I last saw the deceased alive on **2-8-56**, 19___, and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title)		23b. ADDRESS 100 N. Sixth, Hannibal, Mo.		23c. DATE SIGNED 2-10-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE February 8, 1956		24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park	
				24d. LOCATION (City, town, or county) (State) Hannibal Missouri	

DATE REC'D BY LOCAL REG. 2-11-56		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS Hannibal Missouri	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 17 1956

RECEIVED

MARION CO. HEALTH DEPT,

DATE FILED FEB 17 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed *John S. Spard*.....

Licensed Embalmer No....1540

P. O. Address Hannibal Mis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.