

FILED FEB 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5689

State File No. \_\_\_\_\_

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>233</u>  |  | PRIMARY REG. DIST. NO. <u>4348</u>  |  | Registrar's No. <u>5</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Montgomery</u><br>b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u><br>c. LENGTH OF STAY (in this place) <u>20 years</u><br>d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1807/ 507 Water</u>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u><br>c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellsville</u><br>d. STREET ADDRESS (If rural, give location) <u>507 Water</u> |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>GROVER</u><br>b. (Middle) <u>LEE</u><br>c. (Last) <u>ARNALL</u>   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Feb. 16 1956</u>                          |  | 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>   |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   |  | 8. DATE OF BIRTH<br><u>July 4th 1887</u>   |  | 9. AGE (In years last birthday) <u>68</u>   |  | 10. IF UNDER 1 YEAR<br>Month <u>7</u> Day <u>12</u>                                 |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired teamster</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Laclede Christy</u>                              |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Montgomery, County Mo</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A.</u>                                     |  |
| 13a. FATHER'S NAME<br><u>James R. Armall</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Premelia Brown</u>                                       |  | 14. NAME OF HUSBAND OR WIFE<br><u>Ruth Bishop Arnall</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |  | 16. SOCIAL SECURITY<br><u>494-078552</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Ruth Arnall Wellsville Mo</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.<br><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br><u>4343</u> |  | 19. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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) (Min)                               |  |
| 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>Feb 8</u> , 19 <u>56</u> , to <u>Feb 16</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/16</u> , 19 <u>56</u> , and that death occurred at <u>11 P.M.</u> , from the causes and on the date stated above.   |  |  |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><u>William H. Wells Jr.</u>   |  | 23b. ADDRESS<br><u>Wellsville</u>  |  | 23c. DATE SIGNED<br><u>2/17/56</u>  |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>2/18/56</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Wellsville City Cem.</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Wellsville, Montg. Mo</u>       |  |
| DATE REC'D BY LOCAL REG.<br><u>2-19-56</u>  |  | REGISTRAR'S SIGNATURE<br><u>Mrs. Hester D. Brown</u>                                     |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>A. B. Wells</u>  |  | ADDRESS<br><u>Wellsville Mo</u>   |  |

(Licensed Embellisher's Statement on Reverse Side)

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

FEB 28 1958

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. 1588

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.