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FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15890

State File No.

BIRTH NO. REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>BOONVILLE</u>	c. LENGTH OF STAY (In this place) <u>62 HOURS</u>	c. CITY OR TOWN <u>SWEET SPRINGS</u>	d. Is Residence within limits of a city or incorporated town? Yes <u>A</u> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>		f. STREET ADDRESS (If rural, give location) <u>NORTH LOCUST</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u> b. (Middle) <u>LENA</u> c. (Last) <u>ARNDT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 19 1956</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 24, 1894</u>	9. AGE (In years last birthday) <u>61</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>19</u>	11. UNDER 18 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>SALINE COUNTY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>CHARLES P. SCOTT</u>	13b. MOTHER'S MAIDEN NAME <u>CORA VIOLA HAZEN</u>	14. NAME OF HUSBAND OR WIFE <u>ED. C. ARNDT</u>
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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>ED. C. ARNDT - SWEET SPRINGS MO</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>DAYS</u> <u>MONTHS</u> <u>YEARS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MYELOGENOUS LEUKEMIA</u> DUE TO (c) <u>POLYCYTHEMIA VERA</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from MAY 17, 1956, to MAY 19, 1956, that I last saw the deceased alive on MAY 19, 1956, and that death occurred at 1105th St., from the causes and on the date stated above.

23a. SIGNATURE <u>L. H. Haza, M.D.</u> (Degree or title)	23b. ADDRESS <u>329 Main St., Boonville, Mo.</u>	23c. DATE SIGNED <u>5/19/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 21, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>	24d. LOCATION (City, town, or county) (State) <u>SWEET SPRINGS, MO</u>
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DATE REC'D BY LOCAL REG. <u>5/20/56</u>	REGISTRAR'S SIGNATURE <u>S. Hooper</u>	EMERALD DIRECTOR'S SIGNATURE ADDRESS <u>L. F. Packer - Sweet Springs, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

31-

VS MAY 12 1959

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 *L. J. Parker*.....

Licensed Embalmer No. *389*.....

P. O. Address *Sweet Sp*.....

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.