

FILED MAY 21 1956

STANDARD CERTIFICATE OF DEATH

16198

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>83</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u> <u>0461</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u> <u>0770</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u> <u>4</u>		c. LENGTH OF STAY (in this place) <u>2 MONTHS</u>		c. CITY OR TOWN <u>Bakersfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Heinrich Rest Home</u>				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Mance</u>		a. (First)		b. (Middle)		c. (Last) <u>Arnett</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 10, 1956</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>12-10-1862</u>		9. AGE (In years last birthday) <u>93</u>		10. UNDER 1 YEAR <u>5</u>		11. UNDER 1 HRS. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Arnett Bakersfield, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>20 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? 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) m. <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/16/56</u> , 19 <u>56</u> , to <u>5/10/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5/10/56</u> , 19 <u>56</u> , and that death occurred at <u>8:30 A.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Callahan M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains, Missouri</u>		23c. DATE SIGNED <u>5/15/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-13-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Herron Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Henderson, Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>5-17-56</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. B. McClure</u>		ADDRESS <u>mtn. home, ark</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Body was not embalmed Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed B. B. McLean

Licensed Embalmer No.....

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