

FILED JUL 26 1956

STATE FILE NUMBER 24670

Registration District No. 290 Primary Registration District No. 5983 Registrar's No. 90

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Pulaski | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Waynesville, Mo. Rural Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | c. CITY OR TOWN Waynesville, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| c. FULL NAME OF (If NOT in hospital, give location) Length of stay in hospital OR INSTITUTE None. Rt. #1 4 yrs. | | | | d. STREET ADDRESS (If outside, give location) Rural Rt. #1. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Matilda Middle Erensta Last Arnold. | | | | 4. DATE OF DEATH Month July Day 14 , Year 1956 | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Aug. 29, 1878 | |
| 9. AGE (In years last birthday) 77 | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HRS. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife. | | | | 10b. KIND OF BUSINESS OR INDUSTRY None. | | | |
| 11. BIRTHPLACE (City and state or country) Appleton, Wisconsin | | | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| 13. FATHER'S NAME John Seelch | | | | 14. MOTHER'S MAIDEN NAME Caroline Teech | | | |
| 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. None. | | 17. INFORMANT Address Jack Ash. Waynesville, Mo. Rt. #1. | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201 | | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 MIN | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month Day Year a. m. p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | |
| 20f. CITY, TOWN, OR LOCATION | | | | COUNTY STATE | | | |
| 21. I attended the deceased on July 14, 1956. and last saw her him alive on _____ Death occurred at 10:30 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Richland, Missouri | | | | 22b. ADDRESS Richland, Missouri | | | |
| 22c. DATE SIGNED 7/15/56 | | | | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | |
| Burial | | 7/17/56 | | Buckhorn Cemetery | | Waynesville, Mo. Rt. #1. | |
| 24. FUNERAL HOME Hedger Richland, Mo | | | | 25. DATE RECD. BY LOCAL REG. 7-16-56 | | | |
| 26. REGISTRAR'S SIGNATURE Emilia J. Anderson | | | | | | | |

RECEIVED 7-21-52
Pulaski County Health Officer
File Number 90
Date Filed 7-15-52

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.....

Licensed Embalmer No. 42

P. O. Address Wagoner

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