

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38610

STATE FILE NUMBER

FILED DEC 5 - 1956

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 69

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Mt. Vernon TOWN		Inside Limits: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR Chaffee TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium		Length of stay in 1b 332 days	d. STREET ADDRESS (If outside, give location) 327 E. Davidson
3. NAME OF DECEASED (Type or print) First Luther Middle Lee Last Arnold			4. DATE OF DEATH Month Nov. Day 27 Year 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 30, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucking		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 65
13. FATHER'S NAME Rolly P. Arnold		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT San. records, Mo. State San., Mt. Vernon, Mo.	
16. SOCIAL SECURITY NO. 191-16-1997			11. BIRTHPLACE (City and state or country) Tennessee
14. MOTHER'S MAIDEN NAME Ida Pike			12. CITIZEN OF WHAT COUNTRY? USA
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary tuberculosis - Far Advanced			INTERVAL BETWEEN ONSET AND DEATH abt. 5 years
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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Chaffee COUNTY Mo. STATE
21. I attended the deceased from Dec. 31, 1955 to Nov. 27, 1956 and last saw him ^{her} alive on 11-27-56 Death occurred at 9:15 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. A. Brasler M.D.		22b. ADDRESS Mt. Vernon, Mo.	22c. DATE SIGNED 11-27-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-27-56	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Chaffee, Mo.
24. FUNERAL DIRECTOR Max L. Fossett		25. DATE RECD. BY LOCAL REG. 11-27-56	26. REGISTRAR'S SIGNATURE Cecil Hendrick

1950

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 *Max L. Fossett*.....

Licensed Embalmer No. *42*.....

P. O. Address *Mt. Vernon*.....

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.