

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1957

State File No. **3839**
Registrar's No. **176**

BIRTH NO.		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 176	
1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Dexter 1031		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctor's Hospital				e. STREET ADDRESS (If rural, give location) Star Route			
3. NAME OF DECEASED (Type or Print) a. (First) Mary			b. (Middle) L.		c. (Last) Arnold		4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Sept. 1, 1880		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 5 Days 10	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired house-keeper			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Jefferson County, Ill.		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME John Thomas Book			13b. MOTHER'S MAIDEN NAME Susan McElrath		14. NAME OF HUSBAND OR WIFE Deceased		
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'S SIGNATURE OR NAME ADDRESS Noah Gaines, Bernie, Missouri			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrosclerosis with uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease DUE TO (c) Virus pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 2 weeks					INTERVAL BETWEEN ONSET AND DEATH Unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X			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) Missouri			
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 2-9-1957 , to 2-11-1957 , that I last saw the deceased alive on 2-11-1957 , and that death occurred at 4:15 P.M. , from the cause and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert Engelhardt M.D.				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 7/5/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-13-57	24c. NAME OF CEMETERY OR CREMATORY Malden Memorial Park		24d. LOCATION (City, town, or county) (State) Malden, Missouri		
DATE REC'D BY LOCAL REG. 7/16/57		REGISTRAR'S SIGNATURE R. W. Muehle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Strickland-Rainey Dexter, Mo.			

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

487-0

RECEIVED

FEB 18 1957

BUTLER CO. HEALTH CENTER

FILE NO. _____

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 *Lucille Rainey* _____

Licensed Embalmer No. *4983*

P. O. Address *Dayton, OH*

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.