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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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7251

FILED FEB 19 1957

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6183 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Sullivan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY Sullivan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Milan		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Milan		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Co. Infirmary			Length of stay in lb 6 mo.		
3. NAME OF DECEASED (Type or print) First Middle Last Queen Victoria Arnold			4. DATE OF DEATH Month Day Year 2 - 8 - 1957		
5. SEX F-m	6. COLOR OR RACE Black	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-8-1874		9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housemaid		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Brunswick Mo	
13. FATHER'S NAME Not known			14. MOTHER'S MAIDEN NAME Not known		
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. -		17. INFORMANT Berit Faulkner Milan - Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ca of Colon's Infection 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) _____					INTERVAL BETWEEN ONSET AND DEATH 2 yrs
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.) 153X		
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 type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Milan		20f. CITY, TOWN, OR LOCATION Sullivan Mo	
21. I attended the deceased from 2/4/57 to 2/8/57 and last saw her alive on 2/8/57 Death occurred at 11:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph S. Faulkner			22b. ADDRESS Milan Mo		22c. DATE SIGNED 2/11/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-10-57	23c. NAME OF CEMETERY OR CREMATORY Harris Cem.		23d. LOCATION (City, town, or county) (State) Harris Mo
24. FUNERAL DIRECTOR Schreiner Dorothy Schreiner		ADDRESS Milan - Mo		25. DATE RECD. BY LOCAL REG. 2-12-57	
26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett					

(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, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Dwight Schoene

Licensed Embalmer No. 246

P. O. Address Milan

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.