

FILED MAR 29 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 11765

Registration District No. 333

Primary Registration District No. 3074

Registrar's No. 47

1. PLACE OF DEATH

a. COUNTY

Scott

b. CITY (If outside corporate limits, give TOWNSHIP Only)
OR
TOWN SikestonInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Shuffitt Nursing Home

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

New Madrid

c. CITY
OR
TOWN

Lilbourn

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☐3. NAME OF
DECEASED
(Type or print)

First

Middle

Last

W.

G.

Arnold

4. DATE
OF
DEATH

Month

Day

Year

March 11 1957

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED ☐ NEVER MARRIED ☐WIDOWED ☒DIVORCED ☐

8. DATE OF BIRTH

About 1886

9. AGE (In years
last birthday)

About 71

IF UNDER 1 YEAR IF UNDER 24 HRS.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Pensioner

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Unknown

12. CITIZEN OF WHAT COUNTRY?

Unknown

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

Unknown

17. INFORMANT

Address

Lillie Milton-Murray, Kentucky

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Stomach

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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)

151X

INTERVAL BETWEEN
ONSET AND DEATH

1 month

19. WAS AUTOPSY
PERFORMED?YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF
INJURYHour
a. m.
p. m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐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 from 3-10-57 to 3-11-57 and last saw him alive on 3-11-57
Death occurred at 6:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dn. Darno, M.D.

22b. ADDRESS

Molhouse, Mo.

22c. DATE SIGNED

3-14-57

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

3-12-57

23c. NAME OF CEMETERY OR CREMATORY

Murray, Kentucky

23d. LOCATION (City, town, or county)

Murray, Kentucky

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ponder Funeral Home-Lilbourn, Mo.

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mrs. Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

MEDICAL CERTIFICATION

securing the medical certificate on the reverse side of this form

DATE RECEIVED MAR 25 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 357-58

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 David E. Ponder, Student Embalmer No. 536 working under my personal supervision..

Student David E. Ponder
Signature of Student Embalmer

Signed Homer L. Ponder

Licensed Embalmer No. 536

P. O. Address Tilbourn

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.