

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13984  
STATE FILE NUMBER

FILED MAY - 9 1957

Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Grundy</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Princeton</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Spickard</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Axtell Osteo. Hospital</b>				Length of stay in lb <b>97 days</b>		d. STREET ADDRESS <b>0400</b> (If outside, give location) <b>0</b>	
3. NAME OF DECEASED (Type or print) First <b>Muriel</b> Middle <b>B.</b> Last <b>Arney</b>				4. DATE OF DEATH Month <b>4</b> Day <b>27</b> Year <b>1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>10-28-1877</b>	
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (City and state or country) <b>Grundy Co., Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>Granville Brown</b>				14. MOTHER'S MAIDEN NAME <b>Emma Hodson</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>William Brown Spickard Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Intestinal Obstruction</b> <b>Parkinson's</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Parkinson's Disease</b> DUE TO (c) <b>Fracture of the hip</b> 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 <b>3 days</b> <b>3 years</b> <b>9 Mo.</b>
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 <b>3:50</b> Month <b>XF</b> Day <b>2</b> Year <b>57</b> 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		COUNTY STATE	
21. I attended the deceased from <b>Jan. 7, 1957</b> to <b>April 27, 1957</b> and last saw her/him alive on <b>April 27, 1957</b> Death occurred at <b>10:00</b> <b>B</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Naughton Pearce, Jr.</b>				22b. ADDRESS <b>Princeton, Missouri</b>		22c. DATE SIGNED <b>4-29-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-30-1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Fox Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Grundy Co. Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Schooler Funeral Home Spickard Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>4-29-57</b>		26. REGISTRAR'S SIGNATURE <b>W. H. M. M.</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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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 Ross Wiese

Licensed Embalmer No. 3771

P. O. Address Spickard

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.