

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 17 6 8 7

State File No.

FILED JUN 7 1957

BIRTH NO.		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5595		Registrar's No. 521	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL NEAR KIMMSWICK 1 Mo.				c. CITY OR TOWN RURAL		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION FOUR OAKS HOME				e. STREET ADDRESS (If rural, give location) NEAR KIMMSWICK Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) ARNOLD		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) MAY 29-57.	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUG 21, 1864	
9. AGE (In years last birthday) 92.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		11. BIRTHPLACE (City and State or Foreign Country) IMPERIAL Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER.		11. BIRTHPLACE (City and State or Foreign Country) IMPERIAL Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME XAVIER ARNOLD.		13b. MOTHER'S MAIDEN NAME UNKNOWN.		14. NAME OF HUSBAND OR WIFE PAULINE (DECEASED)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLARA M. NAES KIMMSWICK Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chv. Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) Kimmswick Jefferson Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1952, 1957, to 5/29/57, 1957, that I last saw the deceased alive on 5/29, 1957, and that death occurred at 11:00 pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) O. Reich M.D.				23b. ADDRESS Imperial Mo.		23c. DATE SIGNED 5/31/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 1-57		24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPHS CEM.		24d. LOCATION (City, town, or county) (State) KIMMSWICK Mo.	
DATE REC'D BY LOCAL REG. 5/30/57		REGISTRAR'S SIGNATURE Robert E. Bauer		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEILIGTAG FUNERAL HOME IMPERIAL Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 4 1957

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.....*Arthur W. Hilgert*

Licensed Embalmer No. *3872*

P. O. Address *Superior Dr*

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.