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State File No.

State File No.

BIRTH NO. _____ REG. DIST. NO. 220 PRIMARY REG. DIST. NO. 2015 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) CHAFFEE		c. CITY OR TOWN CHAFFEE	
d. FULL NAME OF (If not in hospital or institution, give street address or location) -HOSPITAL OR INSTITUTION 301 So. MAIN ST.		e. STREET ADDRESS (If rural, give location) 301 So. MAIN ST. 100/0	
3. NAME OF DECEASED (Type or Print) a. (First) VITULA b. (Middle) OPHELIA c. (Last) ARNOLD		4. DATE OF DEATH (Month) (Day) (Year) JUNE 26, 1957	
5. SEX 1 FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 3, 1875
9. AGE (In years last birthday) 82		10. MONTHS 5	11. DAYS 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) TRENTON, TENNESSEE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN F. COLE		13b. MOTHER'S MAIDEN NAME JANE SHACKLETON	
14. NAME OF HUSBAND OR WIFE WILLIAM F. ARNOLD		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. O. L. DAVIS ADDRESS CHAFFEE, 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.			
MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CARDIAC DECOMPENSATION (b) MYOCARDIOSIS, ARTERIOSCLEROSIS (c) CARDIOVASCULAR-RENAL DISEASE INTERVAL BETWEEN ONSET AND DEATH 1 YR. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 5 YRS DUE TO (c) 5 YRS 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5 YRS			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X	
20. AUTOPSY? 0 YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) NATURAL		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE		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 FEB. , 1951, to 6-26 , 1957, that I last saw the deceased alive on 6-25 , 1957, and that death occurred at 7:30 AM. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. Immoesch, D.O.		23b. ADDRESS Chaffee, Mo.	
23c. DATE SIGNED 6-26-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-28-1957	
24c. NAME OF CEMETERY OR CREMATORY OLD LEVENTON CEM.		24d. LOCATION (City, town, or county) (State) LINN, ARKANSAS	
25. FUNERAL DIRECTOR'S SIGNATURE Bisplinghoff		25. ADDRESS CHAFFEE, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

45

DATE RECEIVED JUL 1 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 757-133

1957 JUL 11 AM 11

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.....

Jack I. Lurnett

Licensed Embalmer No. 447-

P. O. Address Chaffee, Mo.

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.