

STANDARD CERTIFICATE OF DEATH

36402

FILED OCT 16 1957

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 171

S. 300
7-1-57
2490
4

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin Township OR TOWN Joplin		c. CITY OR TOWN Webb City	
c. FULL NAME OF (If NOT in hospital, give location) Hope Manor Rest Home HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 510 South Elliott	
Length of stay in 1b 6 months		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Thomas Middle Andrew Last ARWOOD			4. DATE OF DEATH Month September Day 13 Year 1957		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 3, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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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 country) Greenville, Tenn	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Jameson Arwood	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mrs Hazel Mahan Webb City, Missouri
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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. None	17. INFORMANT Address Mrs Hazel Mahan Webb City, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Vascular Renal Disease		INTERVAL BETWEEN ONSET AND DEATH 6 weeks
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) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from August 6, 1957 to August 24, 1957 last saw her alive on August 24, 1957 Death occurred at 5:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dead or title) Dr. E. B. Ruhn, Jr. M.D.	22b. ADDRESS 321 Frisco Bldg., Joplin, Mo.	22c. DATE SIGNED 9/16/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 16, 1957	23c. NAME OF CEMETERY OR CREMATORY Hazel Green Cemetery	23d. LOCATION (City, town, or county) (State) Boulder City, Missouri
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24. FUNERAL DIRECTOR Clark Funeral Home	ADDRESS Neosho, Mo.	25. DATE RECD. BY LOCAL REG. 10-7-57	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 15 1957

RECEIVED ~~OCT 13 1957~~
Jasper County Health Office

County File Number 847

Date Filed ~~OCT 13 1957~~

OCT 15 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 Robert C. Roller, Student Embalmer No. 5751

working under my personal supervision.

Student Robert C. Roller
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4770

P. O. Address Jasper 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.