

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37021

STATE FILE NUMBER

FILED NOV 4 1957

Registration District No. 301

Primary Registration District No. 6041

Registrar's No.

1. PLACE OF DEATH a. COUNTY Ripley			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Naylor			c. CITY OR TOWN Naylor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home			d. STREET ADDRESS (If outside, give location) Gen. Del.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle WILLIAM Last ARNOLD			4. DATE OF DEATH Month October Day 18 Year 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 15, 1873		9. AGE (In years last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Livery Sta. Farming			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Ripley Co., Missouri
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Unknown		
13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Vera Arnold		
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. Unknown		
17. INFORMANT Luther Arnold			Address Naylor, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conflagration or fire. Suffocation (SMOKE). DUE TO (b) Burned to death in a fire that destroyed his home. DUE TO (c) Burned beyond recognition. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Only torso and parts of head; arms; legs remaining.					INTERVAL BETWEEN ONSET AND DEATH 9:00
20a. ACCIDENT <input checked="" 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.) Escaping gas became ignited as kitchen stove was being disconnected for purpose of moving. Unable to escape burning building.		
20c. TIME OF INJURY Hour 8:45 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year 10/18/57			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In the home.		
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20f. CITY, TOWN, OR LOCATION NAYLOR, Ripley, Mo.		
21. Attended the deceased from 8:45 to 8:45 and last saw him alive on 10/18/57 Death occurred at 8:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Ray Messer, Coroner			22b. ADDRESS Doniphan, Missouri		
22c. DATE SIGNED 10/20/57			22d. LOCATION (City, town, or county) (State) Ripley County, Missouri		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 10/20/1957		
23c. NAME OF CEMETERY OR CREMATORY Elizabeth Cemetery			23d. LOCATION (City, town, or county) (State) Ripley County, Missouri		
24. FUNERAL DIRECTOR Gene H. Parrent			25. DATE RECD. BY LOCAL REG. 10-27-1957		
26. REGISTRAR'S SIGNATURE Ed Johnson			27. DATE 10/20/57		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Note: This body was not embalmed.

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

Gene Harrent

Licensed Embalmer No. *4809*

P. O. Address *Doniphan*

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.