

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40137

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 5550 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Neosho</u>		c. CITY OR TOWN <u>Neosho</u> 2460	
c. FULL NAME OF (If NOT in hospital, give location) <u>Neosho</u>		d. STREET ADDRESS (If outside, give location) <u>Neosho</u>	
3. NAME OF DECEASED (Type or print) First <u>Charlie Lee</u> Middle <u>Arnett</u> Last <u>Arnett</u>		4. DATE OF DEATH Month <u>11</u> Day <u>17</u> Year <u>57</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>3-28-1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Buster Ark</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>G. A. Arnett</u>		14. MOTHER'S MAIDEN NAME <u>Rachel Pierce</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ☒ No, ☐ (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>422</u>	
17. INFORMANT <u>Mrs C. L. Arnett</u>		18. NAME OF HUSBAND OR WIFE <u>Burland Arnett</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARCINOMA EPIDERMIOID</u> BASE OF TONGUE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>141X</u> DUE TO (c) <u>141X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>13 months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (g) <u>① CACHEXIA ② ANEMIA ③ MALNUTRITION</u>		19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>141X</u>	
20c. TIME OF INJURY Hour <u>—</u> Month, Day, Year <u>—</u> a.m. <u>—</u> p.m. <u>—</u>		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		20f. CITY, TOWN, OR LOCATION <u>Neosho</u> COUNTY <u>Howell</u> STATE <u>Mo</u>	
21. I attended the deceased from Death occurred at <u>Jan 19 1958</u> 11-17-57 and last saw him alive on <u>11-17-57</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Dr. W. L. West</u> (Degree or title)	
22b. ADDRESS <u>West Plains, Mo</u>		22c. DATE SIGNED <u>11-23-57</u>	
23a. BURNING, CREMATION, REBURIAL (Specify) <u>11/19-57</u>		23b. DATE <u>11/19-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Howell</u>		23d. LOCATION (City, town, or county) (State) <u>Howell, Ark</u>	
24. FUNERAL DIRECTOR <u>Robertson West Plains Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-25-57</u>	
26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		27. <u>—</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

JAN 22 1958

DEC 30 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 *J. D. Roberts*

Licensed Embalmer No. *3432*
P. O. Address *Wheatland, 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.