

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI 700 31-3  
STANDARD CERTIFICATE OF DEATH

State File No. **43973**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 115-116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 37

0362

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

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Franklin</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>                     |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington</b>  |  | c. CITY OR TOWN <b>Truesdale</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <b>22 min.</b>  |  | f. STREET ADDRESS (If rural, give location) <b>1090</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>   |  |  |   |
| 3. NAME OF DECEASED<br>a. (First) <b>William</b> b. (Middle) <b>Edward</b> c. (Last) <b>Arnold</b>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 29, 1957</b>  |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>  | 8. DATE OF BIRTH <b>Dec. 29, 1957</b>   |
| 9. AGE (In years last birthday) <b>---</b>  |  | IF UNDER 1 YEAR Months <b>---</b> Days <b>---</b>  | IF UNDER 24 HRS. Hours <b>---</b> Min. <b>22</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Washington, Mo.</b>   |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |  |   |
| 13a. FATHER'S NAME <b>William R. Arnold</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Mildred Hannar</b>  | 14. NAME OF HUSBAND OR WIFE <b>none</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>  |  | 16. SOCIAL SECURITY NO. <b>none</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William R. Arnold Truesdale, Mo.</b>   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>                        |  | MEDICAL CERTIFICATION<br>INTERVAL BETWEEN ONSET AND DEATH  |   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral Pulmonary Arteriosclerosis</b>  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Asphyxia Neonatorum</b> |   |
| DUE TO (c) _____  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                            |   |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? <b>2</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                      |
| 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) <b>7620</b>  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   | 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 <u>Dec 29, 1957</u> , to <u>Dec 29, 1957</u> , that I last saw the deceased alive on <u>Dec 29, 1957</u> , and that death occurred at <u>4 a. m.</u> , from the causes and on the date stated above. |  |  |   |
| 23a. SIGNATURE (Degree or title) <b>Donald R. Schuler M.D.</b>  |  | 23b. ADDRESS <b>Warrenton Mo</b>   | 23c. DATE SIGNED <b>12-30-57</b>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   | 24b. DATE <b>12-30-57</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>  | 24d. LOCATION (City, town, or county) (State) <b>Warrenton, Mo.</b>   |
| DATE REC'D BY LOCAL REG. <b>12/30/57</b>  | REGISTRAR'S SIGNATURE <b>F. W. Nieburg &amp; Co.</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>F. W. Nieburg &amp; Co., Warrenton, Mo.</b>   |

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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 *John J. Lieburg* .....  
Licensed Embalmer No. *3897* .....  
P. O. Address *Warrenton,* .....

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.

NOT  
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