

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1958

47729

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 5726 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY MAKON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MAKON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ANABEL FOLIS Inside Limits Yes ☐ No ☒				c. CITY OR TOWN ANABEL Inside Limits Yes ☐ No ☒			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RURAL ROUTE Length of stay in lb 20 YRS				d. STREET ADDRESS (If outside, give location) RURAL ROUTE Reside on Farm Yes ☒ No ☐			
3. NAME OF DECEASED (Type or print) First IRA Middle — Last ARNOLD				4. DATE OF DEATH Month DEC Day 24 Year 1957			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH NOV 7, 1897	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER				10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and state or country) IOWA	
13. FATHER'S NAME ELINAH ARNOLD				14. MOTHER'S MAIDEN NAME ANNA SMITH			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS EDNA ARNOLD ANABEL MO			
18. CAUSE OF DEATH: (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Face & Neck 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) 1998							INTERVAL BETWEEN ONSET AND DEATH 4 yrs
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 1998					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1954 to Dec. 24, 1957 and last saw her alive on Dec. 24, 1957 . Death occurred at 119 E. 1st on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) James E. Campbell, MD		22b. ADDRESS 119 E. 1st		22c. DATE SIGNED 1/15/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-26-57		23c. NAME OF CEMETERY OR CREMATORY BETHLEHAM CEMETARY		23d. LOCATION (City, town, or county) (State) MAKON COUNTY MO	
24. FUNERAL DIRECTOR Chas. V. Greening		ADDRESS Clarence Mo		25. DATE RECD. BY LOCAL REG. 1-16-58		26. REGISTRAR'S SIGNATURE Cuth McNeely	

JAN 28 1958

MACON COUNTY HEALTH DEPARTMENT
County File No. 67-218
Date Filed 1-24-58

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 *Charles V. Greening*

Licensed Embalmer No. 462

P. O. Address *Chillicothe*

[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.