

Health, Welfare, Public Services

FILED JAN 21 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1702  
STATE FILE NUMBER  
5

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Duenweg</b>		c. CITY OR TOWN <b>Duenweg - 0499</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>614 Mower</b>		d. STREET ADDRESS (If outside, give location) <b>614 MOWER AVE</b>	
Length of stay in lb <b>ALL Life</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First <b>John</b> Middle <b>FRANKLIN</b> Last <b>ARNALL</b>			4. DATE OF DEATH Month <b>1</b> Day <b>2</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec 12, 1872</b>
9. AGE (In years and birthday) <b>85</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Drillers</b>	11. BIRTHPLACE (City and state or country) <b>Granby, Mo.</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Oil Fields</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jack Arnall</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Wells</b>	
14. NAME OF HUSBAND OR WIFE <b>Lula</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>	
16. SOCIAL SECURITY NO. <b>430-03-6132</b>		17. INFORMANT Address <b>Lula Arnall Duenweg, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>30 Min</b>
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) <b>4201</b>			19. WAS AUTOPSY PERFORMED? <b>2</b> 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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	
21. I attended the deceased from <b>Did not see alive</b> and last saw <sup>her</sup> <sub>him</sub> alive on _____ Death occurred at <b>630</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Heese Nixon, Sheriff, acting coroner by Fred Bentley, S.S.</b>		22b. ADDRESS	
22c. DATE SIGNED		22d. ADDRESS	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-6-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forest Park</b>	23d. LOCATION (City, town or county) (State) <b>Joplin Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>Thorntill-Dillon Joplin, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>1-13-58</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 58-1-53  
JAN 20 1958

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 William E. Huddleston

Licensed Embalmer No. 4770  
P. O. Address Joplin 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.