

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 18 1958

58-009721
State File No.BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3224 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Franklin</u>		c. CITY OR TOWN <u>New Franklin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>118 Chancellor</u>		STREET ADDRESS (If rural, give location) <u>118 Chancellor</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mathilda</u> b. (Middle) <u>Marie</u> c. (Last) <u>Arnsmeier</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10, 1958</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 4, 1874</u>	
9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Days <u> </u> Hours <u> </u> Mins. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Washington, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Lee Baumhoefer</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Rotert</u>	
14. NAME OF HUSBAND OR WIFE <u>Julius Henry Arnsmeier</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clara Hoevelman New Franklin, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis arteriosclerotic</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>old nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>592X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u> </u>		22. I hereby certify that I attended the deceased from <u>Jan 27, 1958</u> , to <u>Feb 10, 1958</u> , that I last saw the deceased alive on <u>2-10, 1958</u> , and that death occurred at <u>4 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>D. R. Bamberlain M.D.</u>		23b. ADDRESS <u>Boonville Mo</u>	
23c. DATE SIGNED <u>2-11-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb. 13, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hartsburg</u>	
24d. LOCATION (City, town, or county) (State) <u>Hartsburg Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MARKLAND-Hall Funeral Home New Franklin, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-11-58</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>	

APR 3
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 Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address New Frank

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..