

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010939

STATE FILE NUMBER

FILED MAR 31 1958

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

170

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Sedalia TOWN		c. CITY OR TOWN Green Ridge	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 711 North Missouri		d. STREET ADDRESS (If outside, give location) Route 1	
3. NAME OF DECEASED (Type or print) First MELLIE Middle CARR Last ARNOLD		4. DATE OF DEATH Month March Day 21, Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 12, 1865
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Mark Davis		13b. MOTHER'S MAIDEN NAME Mary Bird	14. NAME OF HUSBAND OR WIFE Samuel Arnold
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Olevia Ulmer, Rt. 1, Green Ridge, 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) Chronic myocardial disease 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) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 4221
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT <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 Mar 13, 1958, to Mar 21, 1958 and last saw her alive on Mar 17, 1958 Death occurred at 711 N. Mo. Sedalia 4:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. A. Hite, M.D.		22b. ADDRESS Green Ridge, Mo.	
22c. DATE SIGNED 3-24-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/24/58	
23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery		23d. LOCATION (City, town, or county) (State) Rural Benton County, Mo.	
24. FUNERAL DIRECTOR Thane Ewing		25. DATE RECD. BY LOCAL REG. 3-24-58	
ADDRESS Sedalia, Mo.		26. REGISTRAR'S SIGNATURE Frances Shelby	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms or signs of disease in Part I must be causally related.

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 *P. E. Baker* .....

Licensed Embalmer No. *2419* .....  
P. O. Address *Seelalaia* .....

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.