

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019202

STATE FILE NUMBER

FILED JUN 9 1958

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

256

1. PLACE OF DEATH a. COUNTY Pettis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Sedalia		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Length of stay in 1b 5 minutes	d. STREET ADDRESS (If outside, give location) Route 1, Lamonte, Mo.		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) CHARLES S. ARNOLD			4. DATE OF DEATH Month June Day 5 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH December 10, 1896		9. AGE (In years last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Agriculture	11. BIRTHPLACE (City and state or country) Lincoln, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William H. Arnold		13b. MOTHER'S MAIDEN NAME Lucy May Stratton		14. NAME OF HUSBAND OR WIFE Elizabeth Kennedy Arnold	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 489-42-7466		17. INFORMANT Address Mrs. Elizabeth Arnold, Rt. 1, Lamonte, 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) monocytic Leukemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 2042 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 6 mos.
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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. 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 1935 to May 31 1958 Death occurred at 9:05 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE D. L. Walter (Degree or title) MD		22b. ADDRESS Sedalia Mo		22c. DATE SIGNED June 5 1958	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/7/58		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
		23d. LOCATION (City, town, or county) Sedalia, Missouri			
24. FUNERAL DIRECTOR James E. ...		ADDRESS Sedalia, Mo.		25. DATE RECD. BY LOCAL REG. June 6-1958	
26. REGISTRAR'S SIGNATURE Frances Shelby					

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUN 12 1958

JUN 18 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

Shane Ewing

Licensed Embalmer No. *3847*

P. O. Address *Seaford, Del.*

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.