. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-024348

FILED JUL 14 1958 Registration District No. 352 Primary Registration District No. 6189 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: Taney
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Swan — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): home — Length of stay in Ib: years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Taney
c. CITY OR TOWN: Swan 10606 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Swan — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: ARNOLD Middle: RAYMOND Last: WOOD
4. DATE OF DEATH: Month July Day 3 Year 1958
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
8. DATE OF BIRTH: Aug. 14, 1905
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 10 Days 19 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (City and state or country): Swan, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: deceased
13b. MOTHER'S MAIDEN NAME: Mary Louisa Wood
14. NAME OF HUSBAND OR WIFE: -----
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 494-20-0158
17. INFORMANT: Mrs Louisa Wood Address: Dickens, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): unknown causes
DUE TO (c): 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 WORK ☐ 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 7-3-1958, to 7-3-1958 and last saw ~~alive~~ dead him on 7-3-1958
Death occurred at 2 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Helen Campbell, Local Registrar
22b. ADDRESS: Branson, Mo.
22c. DATE SIGNED: 7-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 7/5/1958
23c. NAME OF CEMETERY OR CREMATORY: Helphrey Cemetery
23d. LOCATION (City, town, or county) (State): Taneyville, Mo

24. FUNERAL DIRECTOR: W.S.Cobb ADDRESS: Forsyth, Mo
25. DATE RECD. BY LOCAL REG.: 7-9-58
26. REGISTRAR'S SIGNATURE: Helen Campbell

(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 will be listed.
All diseases 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 Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address [illegible]

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.