Health, Welfare Public Service
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300 1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025226
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 110

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION Wheelers Chelsea Home — Length of stay in 1b 4 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Sullivan
c. CITY OR TOWN Milan Mo 1050 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Nova Middle Douglas Last Arnold
4. DATE OF DEATH: Month 7 Day 4 Year 1958
5. SEX M
6. COLOR OR RACE W
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 10-11-1881
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR: Months 76 Days 8 — IF UNDER 24 HRS.: Hours 23 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber dealer (Retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Downing Mo.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Cumberland Arnold
14. MOTHER'S MAIDEN NAME Mary Hill
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-01-4272
17. INFORMANT Lella Arnold Address Milan 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) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteri Sclerosis — 1 year
DUE TO (c) 331X
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 July 1-58, to July 4-58 and last saw her/him alive on July 3rd. Death occurred at 10 20a m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE E. A. Dorfy MD (Degree or Title)
22b. ADDRESS Trenton Mo
22c. DATE SIGNED July 5-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-6-58
23c. NAME OF CEMETERY OR CREMATORY Oakwood Cem
23d. LOCATION (City, town, or county) (State) Milan - Mo.
24. FUNERAL DIRECTOR Schoeneck Dwight Schoeneck ADDRESS Milan - Mo.
25. DATE RECD. BY LOCAL REG. 7-12-58
26. REGISTRAR'S SIGNATURE Irene Farr

(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 casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

113 c

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dwight Schoene

Licensed Embalmer No 266

P. O. Address Milan -

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.