Health, & Welfare Public Service

5. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033443
STATE FILE NUMBER

FILED SEP 29 1958 Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY Livingston b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe — Inside Limits Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1002 Broadway — Length of stay in Hospital 55yrs.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston c. CITY OR TOWN Chillicothe — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) 1002 Broadway — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ARTHUR Middle WELLINGTON Last CIES

4. DATE OF DEATH Month Sept. Day 19 Year 1958

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH April 6, 1876

9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auctioneer

10b. KIND OF BUSINESS OR INDUSTRY Selling

11. BIRTHPLACE (City and state or country) Fairfax, Mo 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George N. Cies

13b. MOTHER'S MAIDEN NAME Eldora DeArmond

14. NAME OF HUSBAND OR WIFE Alice B. Cies

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) XX

16. SOCIAL SECURITY NO. 500-36-1680

17. INFORMANT Address Mrs. Alice B. Cies, Chillicothe, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 2 yrs

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 [X] 2

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 Sept - 56 to Sept. 19-58 and last saw him alive on Sept. 5 - 58

Death occurred at 3 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph A. Conrad M.D. (Degree or title)

22b. ADDRESS Chillicothe, Mo

22c. DATE SIGNED Sept. 22-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE Sept. 23, 1958

23c. NAME OF CEMETERY OR CREMATORY Edgewood cem.

23d. LOCATION (City, town, or county) (State) Chillicothe, Mo.

24. FUNERAL DIRECTOR Donald Gordon, ADDRESS Chillicothe, Mo.

25. DATE RECD. BY LOCAL REG. 9-22-58

26. REGISTRAR'S SIGNATURE Frances B Neill

(Licensed Embalmer's Statement on Reverse Side)

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 Richard H. Bandall

Licensed Embalmer No. 4866

P. O. Address Chillicothe

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.