

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035180

STATE FILE NUMBER

Registration District No. **333** Primary Registration District No. **3074** Registrar's No. **177**

FILED SEP 26 1958

1. PLACE OF DEATH - a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) Sikeston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sikeston 100 3 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in lb 10 yrs.	d. STREET ADDRESS (If outside, give location) 403 Matthews
			Reside on Farm Yes No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First	Middle	Last	Month	Day	Year	
FANNIE BELL ARNETT			Sept. 15, 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 Oct. 2, 1881	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Month 11 Days 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Obion County, Tenn.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Martin Van Buren Stover	13b. MOTHER'S MAIDEN NAME Josephine Haskett	14. NAME OF HUSBAND OR WIFE Brooks Arnett
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Lucille Miller, Sikeston, Mo.	Address 323 Benton,
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic SARCOMA		INTERVAL BETWEEN ONSET AND DEATH 21 MO.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Spindal Cell SARCOMA of Nerve Left	
	DUE TO (c) 1991	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Disease		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Sikeston	COUNTY Scott	STATE Mo.
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21. I attended the deceased from Aug 14, 1958 to Sept 15, 1958 and last saw her alive on Sept 14, 1958 Death occurred at 4:40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Max A. Heeb (Degree or title) M.D.	22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 9/16/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-17-1958	23c. NAME OF CEMETERY OR CREMATORY Garden Of Memories	23d. LOCATION (City, town, or county) Sikeston, Mo.
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24. FUNERAL DIRECTOR Edward E. Nunnelee Address Nunnelee Fun. Chapel, Sikeston, Mo.	25. DATE RECD. BY LOCAL REG. Sept 18, 1958	26. REGISTRAR'S SIGNATURE Mrs. Ellen Hunter
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DATE RECEIVED 9-22-58

SCOTT CO. HEALTH DEPT.

CD. FILE NO. 958-227

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 Edward E. Hummel

Licensed Embalmer No. 4164

P. O. Address Sikeston, Mo

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.