

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037141

FILED NOV 12 1958

Registration District No.

210

Primary Registration District No.

STATE FILE NUMBER

4322

Registrar's No.

65

1. PLACE OF DEATH a. COUNTY Mercer			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton,			c. CITY OR TOWN Washington, Twsp,		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lambert Hospital			d. STREET ADDRESS (If outside, give location) 065		
3. NAME OF DECEASED (Type or print) First Owen Middle Neal Last Arnote			4. DATE OF DEATH Month Nov. Day 4, Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 12, 1906		9. AGE (in years last birthday) 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Stock & Grain	11. BIRTHPLACE (City and state or country) Grundy County		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Roy N. Arnote		13b. MOTHER'S MAIDEN NAME Mollie Moss		14. NAME OF HUSBAND OR WIFE Amel Arnote	
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.		17. INFORMANT Address Mrs. Amel Arnote - Princeton, 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) Cardio-pulmonary collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Hodgkins' disease DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 201X					INTERVAL BETWEEN ONSET AND DEATH 1 week 3 months
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.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 COUNTY _____ STATE _____	
21. I attended the deceased from July 1958 to November 4, 1958 Death occurred at 10:45 on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Frank H. Zeltner MD		(Degree or title) MD		22b. ADDRESS 210 W. Main St. Princeton, Mo.	
22c. DATE SIGNED 11-7-58					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 7-1958		23c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	
23d. LOCATION (City, town, or county) Mercer County--Missouri		(State)			
24. FUNERAL DIRECTOR Martin Funeral Home-Princeton--Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 11-7-58	
26. REGISTRAR'S SIGNATURE Paul May					

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 W.E. Agnew

Licensed Embalmer No. 5020

P. O. Address Princeton, 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.