

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044853

STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MACON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MACON</u>		c. CITY OR TOWN <u>MACON</u> <u>0610</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SAMARITAN</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>1-DAY</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Lawrence</u> Middle <u>ARNOLD</u> Last <u>MEANS</u>			4. DATE OF DEATH Month <u>12</u> Day <u>29</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>2-28-1911</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>1</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Truckee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>MACON - MO</u>	
13. FATHER'S NAME <u>EARNEST MEANS</u>			14. MOTHER'S MAIDEN NAME <u>ETTA WADDLE</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>1st. WAR II</u>		16. SOCIAL SECURITY NO. <u>385-12-6829</u>		17. INFORMANT <u>GENEVA MEANS - MACON MO</u> Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Auto Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Artery Disease & Angina Pectoris</u>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4201</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

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.) <u>4201</u>		
20c. TIME OF INJURY Hour <u>4</u> Month <u>12</u> Day <u>29</u> Year <u>1958</u> a. m. <u>40</u> p. m.					
20d. INJURY OCCURRED WHILE AT WORK <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 <u>12-4-58</u> to <u>12-29-58</u> and last saw her alive on <u>12-29-58</u> Death occurred at <u>4:40 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>James E. Campbell M.D.</u> (Degree or title)			22b. ADDRESS <u>Macon, Mo.</u>		22c. DATE SIGNED <u>1/3/59</u>

23a. BURIAL CREMATION <u>Burial</u>	23b. DATE <u>12-31-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>	23d. LOCATION (City, town, or county) (State) <u>MACON MO</u>
24. FUNERAL DIRECTOR <u>Theo H. Gooding - ATLANTA - MO</u>		25. DATE RECD. BY LOCAL REG. <u>1/7/59</u>	26. REGISTRAR'S SIGNATURE <u>Arthur McNeely</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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MEDICAL CERTIFICATION

850

JAN 22 1959

JAN 19 1959

JAN 13 1959

County File No.
Date Filed 1-12-59

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 Thos H Goodding....., Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Thos H Goodding.....
Licensed Embalmer No. 39

P. O. Address Atlanta

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