

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042194  
STATE FILE NUMBER  
448

FILED FEB 4 1958

Registration District No.

209

Primary Registration District No.

3043

Registrar's No.

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Marion</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Marion</b>                        |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Hannibal</b>   |                                  | c. CITY OR TOWN <b>Hannibal</b>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Levering Hospital</b>  |                                  | d. STREET ADDRESS (If outside, give location)<br><b>811 Paris Ave.</b>  |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Mildred</b> Middle <b>Myrtle</b> Last <b>Arnold</b>  |                                  | 4. DATE OF DEATH<br>Month <b>11</b> Day <b>30</b> Year <b>1958</b>  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 2, 1894</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>  |                                  | 11. BIRTHPLACE (City and state or country)<br><b>Shelby County, Mo.</b>   | 9. AGE (In years as birthday) <b>64</b> |
| 13a. FATHER'S NAME<br><b>Charles W. Drennan</b>  |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>Grover Arnold</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>acute myocardial infarct</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>US</b>   |   |
| DUE TO (b) <b>coronary insufficiency</b>   |                                  | INTERVAL BETWEEN ONSET AND DEATH<br><b>30 minutes</b>   |   |
| DUE TO (c) <b>rheumatoid arthritis deformans</b>   |                                  | <b>2 days</b>   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>4201</b>   |                                  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>  |   |
| 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<br>Hour _____ Month _____ Day _____ Year _____<br>a.m. _____ 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 <b>11-28-58</b> to <b>11-30-58</b> and last saw her alive on <b>11-30-58</b><br>Death occurred at <b>12:35 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>F. E. Sultzman M. D.</b>  |                                  | 22b. ADDRESS<br><b>115 N. 5th St. Hannibal, Mo.</b>   |   |
|  |                                  | 22c. DATE SIGNED<br><b>12-3-58</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>12-2-1958</b>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Grand View Cemetery</b>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>Hannibal, Mo.</b>   |   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Clark Funeral Home-Hannibal, Mo.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>1/26 1959</b>  |   |
| 26. REGISTRAR'S SIGNATURE<br><b>Dr. E. M. Lucke By H. C. Fisher</b>  |                                  |   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED FEB 3 1959

MARION CO. HEALTH DEPT.

DATE FILED FEB 3 1959

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 

Licensed Embalmer No. 4218

P. O. Address Hannibal, 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.