

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004216

STATE FILE NUMBER

FILED FEB 10 1959

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 20

100
-57

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rich Hill
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ada Middle Belle Last Arnold			4. DATE OF DEATH Month January Day 22 Year 1959
5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 25, 1879
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Vernon County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE	
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 Paul Arnold, 600 W. 89th, Kansas City.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal Obstruction (Expired at termination), Volvulus terminal illeum of surgery			INTERVAL BETWEEN ONSET AND DEATH 22 Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Adhesions from previous surgery			956 x 46
DUE TO (c) Hypertensive arterosclerotic cardiovascular renal 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.)	
20c. TIME OF INJURY Hour 4:19 Month Jan Day 21 Year 1959 a.m. 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 108 COUNTY STATE	
21. I attended the deceased from January 21 1959 to January 22 1959 and last saw her alive on Jan 22 1959 Death occurred at 4:19 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Wm. J. Gery</i> (Degree or title)		22b. ADDRESS Nevada Missouri	22c. DATE SIGNED 1/24/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 24, 1959	23c. NAME OF CEMETERY OR CREMATORY Balltown Cemetery
23d. LOCATION (City, town, or county) Ferton Missouri		23e. (State)	
24. FUNERAL DIRECTOR Ferry Funeral Home Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 2-2-59	26. REGISTRAR'S SIGNATURE <i>Wm. J. Gery</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *L. Douglas*

Licensed Embalmer No. *4960*
P. O. Address *Thurston*

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.