

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006335

STATE FILE NUMBER

FILED MAR 3 1959

Registration District No. 195

Primary Registration District No. —

Registrar's No. 16-59

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>McDonagh</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>McDonagh</u>	
b. CITY OR TOWN <u>PINEVILLE</u> <small>(If outside corporate limits, give TOWNSHIP only)</small>		c. CITY OR TOWN <u>PINEVILLE</u> ⁶⁰⁰ <small>(If outside, give location)</small>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Floyd</u> Middle <u>C.</u> Last <u>ARTHUR</u>			4. DATE OF DEATH Month <u>2</u> Day <u>4</u> Year <u>1959</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>MAY 19 - 1889</u>		9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>15</u> IF UNDER 24 HRS.: Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RET.</u>		11. BIRTHPLACE (City and state or country) <u>CARTHAGE Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>THOMAS ARTHUR</u>		13b. MOTHER'S MAIDEN NAME <u>ORA Alice HENRY</u>		14. NAME OF HUSBAND OR WIFE <u>NAOMI ARTHUR</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-20-5101</u>		17. INFORMANT <u>Naomi Arthur Pineville 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>Cancer Colon</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 _____ 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 <u>Pineville Mo</u>	COUNTY _____ STATE _____
21. I attended the deceased from <u>Jan 1 1959</u> to <u>Feb 4 59</u> and last saw ^{her} him alive on <u>Feb 4 1959</u> Death occurred at <u>5:00 am</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Scott Bassett M.D.</u> (Degree or title)		22b. ADDRESS <u>Pineville Mo</u>	22c. DATE SIGNED <u>2/25/59</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-6-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WHITE ROCK CEM</u>	23d. LOCATION (City, town, or county) (State) <u>JANE, Mo.</u>
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24. FUNERAL DIRECTOR <u>Humphrey & Son Home</u> Address <u>Pineville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-25-59</u>	26. REGISTRAR'S SIGNATURE <u>Mary A. Bradley</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 5 1959

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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 *Mayme E. Humphreys*

Licensed Embalmer No. *4262*

P. O. Address *Princeton, Va*

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.