

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014107

FILED APR 24 1959

Registration District No. 209 Primary Registration District No. 3043 STATE FILE NUMBER Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u> <u>66440</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>807 A Broadway</u>	

3. NAME OF DECEASED (Type or print) First <u>OLIVE</u> Middle <u>DETOSIA</u> Last <u>ARTHUR</u>			4. DATE OF DEATH Month <u>April</u> Day <u>15</u> Year <u>1959</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>November 25, 1876</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Marion Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Stephen W. Bagley</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Walden</u>	

13a. FATHER'S NAME <u>Stephen W. Bagley</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Walden</u>		14. NAME OF HUSBAND OR WIFE <u>Ruben Clay Arthur (Dec.)</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.		17. INFORMANT <u>Mr. L. C. Arthur, Hannibal Missouri</u>	

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>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) <u>Atherosclerotic Heart Disease</u>			<u>9 yrs</u>
	DUE TO (c) <u>Chronic Congestive Failure</u>			<u>9 yrs.</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Aortic regurgitation</u>			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>Hannibal</u>	COUNTY <u>Missouri</u>	STATE
--	--	---	---------------------------	-------

21. I attended the deceased from 9-16-48 to 4-15-59 and last saw her alive on 4-15-59
Death occurred at 7:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>100 N. Sixth, Hannibal, Mo.</u>	22c. DATE SIGNED <u>4-17-59</u>
--------------------------------------	----------------------------------	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/17/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet Cemetery</u>	23d. LOCATION (City, town, or county) <u>Hannibal Missouri</u>
--	-----------------------------	--	---

24. FUNERAL DIRECTOR <u>W. Crawford Smith Hannibal Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>4-20-59</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
--	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

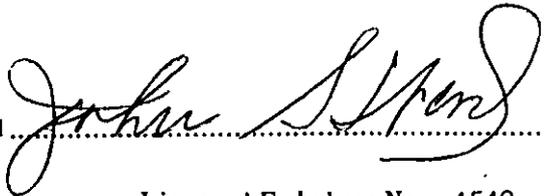
MEDICAL CERTIFICATION

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 

Licensed Embalmer No....4540.....

P. O. Address.. Hannibal Missouri

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.