

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031870

FILED VS SEP 29 1959

STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gallatin</u>	Length of stay in 1b <u>2yr 4mos</u>	c. CITY OR TOWN <u>Gallatin</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sullivan Rest Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>South West Part</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Minerva Jane Arnold</u>			4. DATE OF DEATH Month Day Year <u>Sept 17 1959</u>	
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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>Sept 26, 1866</u>	9. AGE (last birthday) <u>92</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Harrison County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Thomas Arnold</u>	13b. MOTHER'S MAIDEN NAME <u>Ledia Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>James E Arnold, deceased</u>
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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>NONE</u>	17. INFORMANT <u>C. C. Arnold</u>	Address <u>Fairfax, Missouri</u>
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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>Cardio-Renal Vascular Disease 59d</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Atherosclerosis</u>	<u>10 yrs</u>
	DUE TO (c) <u>Nephritis</u>	<u>5 yrs</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from <u>Jan 59</u> to <u>9-17-59</u> and last saw him/her live on <u>9-17-59</u> Death occurred at <u>1:00 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Harold E. Nelson M.D.</u> (degree or title)	22b. ADDRESS <u>Gallatin, Mo.</u>	22c. DATE SIGNED <u>9-17-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Sept 18, 1959</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Borris Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Harrison County Missouri</u>
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24. FUNERAL DIRECTOR <u>W. George Noble</u>	ADDRESS <u>Bethany, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-21-1959</u>	26. REGISTRAR'S SIGNATURE <u>Vernon M. Cangelkott</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William George Noble

Licensed Embalmer No. 4987

P. O. Address Bethany, W.

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