URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

'59 043629
STATE FILE NUMBER

FILED VS JAN 4 1960

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 49

AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: El Dorado Springs
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Bark Hotel
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN: El Dorado Springs
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): Bark Hotel
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Charley Middle: R. Last: Arnall

4. DATE OF DEATH: Month: 12 Day: 25 Year: 59

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: 9-22-1887

9. AGE (last birthday): 72

IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Barber

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and State or country): Anderson, Mo.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Matt Arnall

13b. MOTHER'S MAIDEN NAME: Mary Queener

14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 497-03-7397

17. INFORMANT: Edna Brown
Address: Colorado Spgs., Colo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute congestive heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary arteriosclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchial asthma

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1958 to 12-25-59 and last saw ~~him~~ alive on 12-8-59
Death occurred at approximately 12:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert L. Magee M.D.

22b. ADDRESS: Robert L. Magee M.D. El Dorado Springs Missouri

22c. DATE SIGNED: 12-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-30-59

23c. NAME OF CEMETERY OR CREMATORY: Clintonville Cemetery

23d. LOCATION (City, Town, or County) (State): El Dorado Spgs., Mo.

24. FUNERAL DIRECTOR ADDRESS: Irvin Carothers - El Dorado Spgs., Mo.

25. DATE RECD. BY LOCAL REG.: Dec. 29 1959

26. REGISTRAR'S SIGNATURE: Ruth Graham

(Licensed Embalmer's Statement on Reverse Side) Hugh L. Allen Deputy

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed May W. Buckingham

Licensed Embalmer No. 4696

P. O. Address El Dorado Spr

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