RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009425

STATE FILE NUMBER

FILED VS MAR 7 1960 324

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 47

DED

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall — Length of stay in 1b 16 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 556 S Lafayette — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saline
c. CITY OR TOWN Marshall — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 556 S Lafayette — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First KATHERINE Middle LOUISE Last ARTH

4. DATE OF DEATH Month February Day 28, Year 1960

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8-10-1890

9. AGE (last birthday) 69 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Lafayette Co, Mo

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Peter Long

13b. MOTHER'S MAIDEN NAME Susan Post Long

14. NAME OF HUSBAND OR WIFE George Arth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) x

16. SOCIAL SECURITY NO. 497265953B

17. INFORMANT Robert Arth Address 556 S Lafayette Marshall

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Paroxysmal Ventricular Tachycardia — INTERVAL BETWEEN ONSET AND DEATH 5 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Dis, Decompensation — 6 mo

DUE TO (c)

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. ☐ 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 Feb 27, 1960, to Feb 28, 1960 and last saw her/him alive on Feb 27, 1960

Death occurred at 8:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Marvin E. Rothe, M.D.

22b. ADDRESS Marshall, Missouri

22c. DATE SIGNED 2-29-1960

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

23b. DATE 3-1-1960

23c. NAME OF CEMETERY OR CREMATORY Dover Cemetery

23d. LOCATION (City, town, or county) (State) Dover Missouri

24. FUNERAL DIRECTOR ADDRESS Sweeney-Reser Funeral Home Marshall

25. DATE RECD. BY LOCAL REG. 3-1-'60

26. REGISTRAR'S SIGNATURE Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack W. Reser

Licensed Embalmer No. 4643

P. O. Address Marshall

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