

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016530

FILED VS APR 26 1960

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 150 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat River		Length of stay in 1b		c. CITY OR TOWN Flat River		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 402 Taylor Ave.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 402 Taylor Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First EDNA Middle ELIZEBETH Last ARENZ				4. DATE OF DEATH Month April Day 15 Year 1960									
5. SEX female		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/19/1893		9. AGE (last birthday) 67		IF UNDER 1 YEAR Months 3 Days 8 Hours Min. 		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME George Carpenter				13b. MOTHER'S MAIDEN NAME Elizbeth Anderson				14. NAME OF HUSBAND OR WIFE Perry F. Arenz					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 493-36-4436		17. INFORMANT Perry F. Arenz Flat River, Mo. 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) Carcinoma of bladder Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 1 year 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown													
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. 		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	
21. I attended the deceased from June 1959 to April 15 '60 and last saw her ^{living} alive on April 15, 1960 Death occurred at 12:07 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE J. I. Foster (Degree or title) MD						22b. ADDRESS Desloge, Missouri				22c. DATE SIGNED 4/16/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/17/1960		23c. NAME OF CEMETERY OR CREMATORY St. Francois Cemetery				23d. LOCATION (City, town, or county) (State) St. Francois Co. Mo.					
24. FUNERAL DIRECTOR Murphy L. Sparks Flat River, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. Apr. 16, 1960		26. REGISTRAR'S SIGNATURE Eather Redloff							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 26 1960
VS 10 26 1960

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. 589

working under my personal supervision.

Student

Richard A. Leeves

Signature of Student Embalmer

Signed

Murphy L. Spence

Licensed Embalmer No.

4236

P. O. Address

Fort River,

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.