

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029798

FILED VS AUG 23 1960

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 226

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		c. CITY OR TOWN Oakland Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 1		d. STREET ADDRESS (If outside, give location) 1921 Orchard Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Pearl Middle S. Last Arnett		4. DATE OF DEATH Month August Day 19 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 8-29-1905
9. AGE (last birthday) 55 = 54		IF UNDER 1 YEAR Months 11 Day 20	
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) Curryville, Mo.
10c. FATHER'S NAME William Ardray ?		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. MOTHER'S MAIDEN NAME Elizabeth Ardray		14. NAME OF HUSBAND OR WIFE Julius R. Arnett	
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. unk	
17. INFORMANT State Hospital No. 1		Address Fulton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hunington's Chorea DUE TO (b) Dehydration Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Acute Parotitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Marked emaciation			INTERVAL BETWEEN ONSET AND DEATH
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			
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.) State Hospital No. 1		20f. CITY, TOWN, OR LOCATION COUNTY STATE 12-11-1947 to 8-19-1960 and last saw him while on	
21. <input checked="" type="checkbox"/> attended the deceased from 11:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James K. Rittenbruch M.D.		22b. ADDRESS Fulton, Missouri	
22c. DATE SIGNED 8-19-60			
23. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Aug. 19, 1960	23c. NAME OF CEMETERY OR CREMATORY DR. Hannibal, Mo.	23d. LOCATION (City, town, or county) (State) Ma.
24. FUNERAL DIRECTOR Maupin Funeral Home, Fulton, Mo		25. DATE RECD. BY LOCAL REG. Aug 20-1960	
26. REGISTRAR'S SIGNATURE Maretha Lawrence			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 24 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. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marshall C. Blackw

Licensed Embalmer No. 4713

P. O. Address Fulton,

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.