

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001074

FILED VS JAN 31 1961

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3621 Registrar's No. 16

AMENDED

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY GRUNDY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY GRUNDY			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON			Length of stay in 1b		c. CITY OR TOWN TRENTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION WRIGHT MEMORIAL ANNEX				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1819 E 2	
3. NAME OF DECEASED (Type or print) First LEVI Middle Last ARNEY				4. DATE OF DEATH Month JAN Day 23 Year 1961			
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-26-1874	
9. AGE (last birthday) 86		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) FARMER RETIRED				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) HARRISON CO. MO.	
12. CITIZEN OF WHAT COUNTRY USA.							
13a. FATHER'S NAME GEORGE ARNEY				13b. MOTHER'S MAIDEN NAME SARAH ARNEY		14. NAME OF HUSBAND OR WIFE LOUVISA ARNEY	
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. No		17. INFORMANT Address MRS. MARVIN GOOD TRENTON 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) Coronary Occlusion DUE TO (b) Arterio-sclerosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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							INTERVAL BETWEEN ONSET AND DEATH 24 hrs How years
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 Feb. 17-1960 to Jan 23-1961 and last saw him ^{be} alive on Jan 23-1961 Death occurred at 8:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) G. H. Mullers M.D.				22b. ADDRESS Trenton, Mo.		22c. DATE SIGNED 1-25-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JAN 26 1961		23c. NAME OF CEMETERY OR CREMATORY FOX CEMETERY		23d. LOCATION (City, town, or county) (State) GRUNDY CO. MO.	
24. FUNERAL DIRECTOR ADDRESS SCHOOLER FUNERAL HOME SPICKARD MO				25. DATE RECD. BY LOCAL REG. 1-24-61		26. REGISTRAR'S SIGNATURE Irene Fair	

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Ross Wiso

Licensed Embalmer No. 3771

P. O. Address Spinkard Mo.

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