

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008162

AMENDED

Registration District No. 93

Primary Registration District No.

Registrar's No. 61-24

STATE FILE NUMBER

FILED APR 3 1961

1. PLACE OF DEATH

a. COUNTY

Dade

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Cedar Pwp.

Length of stay in 1b

9 mo

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Dade

Inside Limits

Yes ☐ No ☒

c. CITY

OR

TOWN

Jeric Spring

d. STREET ADDRESS

(If outside, give location)

4 S.E. Jeric Spring

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ORPHA - ARNOLD

4. DATE OF DEATH

Month

Day

Year

3 - 27 - 1961

5. SEX

F

6. COLOR OR RACE

W

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9-27-1907

9. AGE (last birthday)

53

IF UNDER 1 YEAR

Months 6 Days 6

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

housekeeping

11. BIRTHPLACE (City and state or country)

Gray Co. Kan.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Mr. L. Davis

13b. MOTHER'S MAIDEN NAME

Emma Dransbauge

14. NAME OF HUSBAND OR WIFE

Chater Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Chater Arnold, Jeric Spring, 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)

Pulmonary Tuberculosis

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

DUE TO (b)

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)

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 _____ to _____ and last saw her alive on _____

Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D. B. Bannister M.D.

22b. ADDRESS

Jeric Spring Mo

22c. DATE SIGNED

3-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

3-29-1961

23c. NAME OF CEMETERY OR CREMATORY

Meadowood Cem

23d. LOCATION (City, town, or county)

8 S.E. Jeric Spring Mo

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

Mr. W. Long, Jeric Spring Mo

25. DATE RECD. BY LOCAL REG.

3-30-1961

26. REGISTRAR'S SIGNATURE

J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 371X

P. O. Address Jurien St.

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.