

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018304

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 62-61

AMENDED

FILED MAY 23 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tuscumbia, Mo.</u>		Length of stay in 1b	c. CITY OR TOWN <u>Fort Leonard Wood</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) DOA HOSPITAL OR INSTITUTION <u>Humphreys Osteopathic Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Co A, 3d Bn, 2d TRB</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>RICHARD HARRY ARNOLD</u>			4. DATE OF DEATH Month Day Year <u>May 13 1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>27 Sep 1936</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>US Army</u>	9. AGE (last birthday) <u>24</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>Culver City, California</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Harry Edward Arnold</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Grace (Unknown)</u>	14. NAME OF HUSBAND OR WIFE <u>Margie Lucille Arnold</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 5 yrs 9 mos</u>		17. INFORMANT Address <u>Margie L. Arnold, Gen Del, Hornbeck, La.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Retroplueral, subarachnoid, intra-pertioneal hemorrhage, ruptured spleen</u> DUE TO (b) <u>Auto accident</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Automobile accident</u>	
20c. TIME OF INJURY Hour <u>8:00</u> p.m. Month, Day, Year <u>May 13, 61</u>	1957 Ford overturned on private road .7 mi East edge of <u>Bagnell Dam-Taken to Humphreys Hosp, Tuscumbia, Mo.- DOA</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road</u>	20f. CITY, TOWN, OR LOCATION <u>Tuscumbia</u>	COUNTY STATE <u>Miller Missouri</u>
21. I attended the deceased <u>xx</u> <u>14 May 1961</u> to _____ and last saw him <u>xx</u> <u>never</u> live on <u>never</u> . Death occurred at <u>9:30 P.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (If signed for title) <u>George F Scofield, Captain, MC</u>		22b. ADDRESS <u>US Army Hospital Fort Leonard Wood, Missouri</u>	22c. DATE SIGNED <u>14 May 61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5/17/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	23d. LOCATION (City, town, or county) (State) <u>Bakersfield, California</u>
24. FUNERAL HOME ADDRESS <u>Moss-Williams Funeral Homes Crocker Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 20, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. D.E. Kallenbach</u>

MAY 26 1967

APR 19 1967

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

Clarence Moore

Licensed Embalmer No. 4896

P. O. Address Waynesville

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.