SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-018304
STATE FILE NUMBER

AMENDED

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

FILED MAY 28 1961

1. PLACE OF DEATH
a. COUNTY Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Tuscumbia, Mo. — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Humphreys Osteopathic Hosp — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Fort Leonard Wood — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Co A, 3d Bn, 2d TRB — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RICHARD Middle HARRY Last ARNOLD
4. DATE OF DEATH Month May Day 13 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 27Sep1936
9. AGE (last birthday) 24
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) Soldier
10b. KIND OF BUSINESS OR INDUSTRY US Army
11. BIRTHPLACE (City and state or country) Culver City, California
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Harry Edward Arnold
13b. MOTHER'S MAIDEN NAME Betty Grace (Unknown)
14. NAME OF HUSBAND OR WIFE Margie Lucille Arnold
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 5 yrs 9 mos
16. SOCIAL SECURITY NO. 572-50-5-56
17. INFORMANT Margie L. Arnold, Address Gen Del, Hornbeck, La.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Retroplueral, subarachnoid, intra-pertioneal
IMMEDIATE CAUSE (a) hemorrhage, ruptured spleen
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Auto accident
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.) Automobile accident
20c. TIME OF INJURY Hour 8:00 p.m. Month, Day, Year May 13,61
1957 Ford overturned on private road .7 mi East edge of Bagnell Dam-Taken to Humphreys Hosp, Tuscumbia, Mo.- DOA
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.) Road
20f. CITY, TOWN, OR LOCATION Tuscumbia COUNTY Miller STATE Missouri
21. I attended the deceased from 14 May 1961, to ____ and last saw her/him alive on never
Death occurred at 9:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) GEORGE F SCOFIELD, Captain, MC
22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri
22c. DATE SIGNED 14May61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 5/17/1961
23c. NAME OF CEMETERY OR CREMATORY Unknown
23d. LOCATION (City, town, or county) (State) Bakersfiele, California
24. FUNERAL DIRECTOR ADDRESS Moss-Williams Funeral Homes Crocker Mo
25. DATE RECD. BY LOCAL REG. May 20, 1961
26. REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Clarence Thrasher

Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville

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