

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-024006

STATE FILE NUMBER

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

439

FILED JUL 17 1961

1. PLACE OF DEATH

a. COUNTY

BOONE

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

COLUMBIA

Length of stay in 1b

22 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONUNIVERSITY OF MISSOURI
MEDICAL CENTER

Inside Limits

Yes ☐ No ☐

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

a. STATE

Missouri

b. COUNTY

GREENE

c. CITY

OR

TOWN

SPRINGFIELD

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

639 MORNINGSIDES

(If outside, give location)

Reside on Farm

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

First

Middle

Last

PHILLIP

WADE

ARNALL

4. DATE OF DEATH

Month

Day

Year

July

12, 1961

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-24-61

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE (MINOR)

10b. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (City and state or country)

SPRINGFIELD Mo, USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

CLARENCE ARNALL

13b. MOTHER'S MAIDEN NAME

VIRGINIA GREER

14. NAME OF HUSBAND OR WIFE

NONE

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.

NONE

17. INFORMANT

Address

Chart - MEDICAL RECORDS, UMMC

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Anoxia

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

DUE TO (b)

Atelectasis

DUE TO (c)

Transposition of Great Vessels

INTERVAL BETWEEN ONSET AND DEATH

4 hrs.

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 ☐ Unknown19. 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 July 5, 1961 to July 12, 1961 and last saw her him alive on July 12, 1961
Death occurred at 2:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Henry W. Clever, Jr. M.D.

22b. ADDRESS

UMMC - Columbia, Mo

22c. DATE SIGNED

7-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

7/12/61

23c. NAME OF CEMETERY OR CREMATORY

COLUMBIA

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

SPRINGFIELD, MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

PARKERS FUNERAL SERVICE MISSOURI

25. DATE RECD. BY LOCAL REG.

July 12 1961

26. REGISTRAR'S SIGNATURE

Mrs. R.E. Palmer

(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 Donald L. Roberts

Licensed Embalmer No. 4722

P. O. Address Columbia Md.

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.