

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-031845

STATE FILE NUMBER

38

3006

573

Registration District No.

Primary Registration District No.

Registrar's No.

AMENDED

FILED OCT 2 1961

1. PLACE OF DEATH a. COUNTY BOONE		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia	Length of stay in 1b 18 days	c. CITY OR TOWN CRCKER	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY of Missouri MEDICAL		d. STREET ADDRESS (If outside, give location) GEN. DEL.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Ray Dean Arnold			4. DATE OF DEATH Month Day Year September 24, 1961		
5. SEX MALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 5-19-1927	9. AGE (last birthday) 34	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER	10b. KIND OF BUSINESS OR INDUSTRY IRBY Construction Co.	11. BIRTHPLACE (City and state or country) Arkansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Albert Arnold	13b. MOTHER'S MAIDEN NAME Myrtle Prattliff	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes, May 1948 to May 48	16. SOCIAL SECURITY NO. unknown	17. INFORMANT University of Mo. Medical Records	Address Columbia, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 1 + years
IMMEDIATE CAUSE (a) Negatoma of liver	DUE TO (b)	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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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
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21. I attended the deceased from 8-30-61 to 9-24-61 and last saw her/him alive on 9-24-61 Death occurred at 3:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Earl J. Wiggler, Jr. M.D.	(Degree or title)	22b. ADDRESS U. of Mo. Medical Center	22c. DATE SIGNED 9-24-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 9-24-1961	23c. NAME OF CEMETERY OR CREMATORY Siloam Springs	23d. LOCATION (City, town, or county) (State) Siloam Springs ARKANSAS
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24. FUNERAL DIRECTOR PARKERS FUNERAL SERVICE	ADDRESS Columbia Missouri	25. DATE RECD. BY LOCAL REG. Sept 24 1961	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer
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(Licensed Embalmer's Statement on Reverse Side)

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

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, *WJP*
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. W. Phillips*

Licensed Embalmer No. *4897*

P. O. Address *Columbus, m.*

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.