

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035555

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

RECEIVED  
AMENDED

FILED SEP 18 1961

Primary Registration District No. 3074 Registrar's No. 183

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Scott</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Mississippi</u>                   |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Sikeston</u>  |  | Length of stay in lb<br><u>26 days</u>  |  | c. CITY OR TOWN <u>Charleston</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Delta Comm. Hospital</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                      |  | d. STREET ADDRESS (If outside, give location)<br><u>109 N. Heggie</u>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>James</u> Middle <u>Edward</u> Last <u>Arnold, Sr.</u>   |  |   |  | 4. DATE OF DEATH<br>Month <u>August</u> Day <u>30</u> Year <u>1961</u>  |  |  |  |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>White</u>  |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>1/14/06</u>   |  |
| 9. AGE (last birthday)<br><u>55</u>   |  | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u>  |  | IF UNDER 24 HR<br>Hours <u>  </u> Min. <u>  </u>  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Plumber</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Plumbing Shop</u>   |  | 11. BIRTHPLACE (City and state or country)<br><u>Dexter, Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |  |
| 13a. FATHER'S NAME<br><u>J.W. Arnold</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary E. Shores</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Ruby Golightly Arnold</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>  </u>  |  | 17. INFORMANT<br>Address<br><u>Mrs. Ruby G. Arnold, Charleston, Mo</u>  |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Paranary Shuntosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>  </u><br>DUE TO (c) <u>  </u> |  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 weeks</u>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>  </u>  |  |   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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.)<br><u>  </u>   |  |  |  |
| 20c. TIME OF INJURY<br>Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>   |  | Month, Day, Year<br><u>  </u> <u>  </u> <u>  </u>   |  |   |  |  |  |
| 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.)<br><u>  </u>     |  | 20f. CITY, TOWN, OR LOCATION<br><u>  </u>   |  | COUNTY <u>  </u> STATE <u>  </u>   |  |
| 21. I attended the deceased from <u>1902</u> to <u>death</u> and last saw her/him alive on <u>8/20/61</u> .<br>Death occurred at <u>12:15</u> <u>A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |   |  |  |  |
| 22a. SIGNATURE<br><u>[Signature]</u> (Degree or title)<br><u>  </u>   |  |   |  | 22b. ADDRESS<br><u>510 S Main St Charleston, Mo</u>   |  | 22c. DATE SIGNED<br><u>8-31-61</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 23b. DATE<br><u>9/1/61</u>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>I.O.O.F. Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Charleston, Missouri</u>   |  |
| 24. FUNERAL DIRECTOR<br><u>McMikle, Charleston, Mo.</u>   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>9-14-61</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. Ella Hunter</u>   |  |

(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 BRUCE R. AUSTIN, Student Embalmer No. 613  
working under my personal supervision.

Student Bruce R. Austin  
Signature of Student Embalmer

Signed Elgin McMillan

Licensed Embalmer No. 4695

P. O. Address Charlotte

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.