

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035831

STATE FILE NUMBER

AMENDED

Registration District No. 032

Primary Registration District No.

Registrar's No. 45

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 31 1961

## 1. PLACE OF DEATH

a. COUNTY

BOLLINGER

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

LAFLIN

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Home

Inside Limits

Yes ☐ No ☒

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

a. STATE

MO

b. COUNTY

BOLLINGER

c. CITY

OR TOWN

LAFLIN

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

R Route

Reside on Farm

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

First

Middle

Last

HENRY

J. ARNZEN

4. DATE OF DEATH

Month

Day

Year

Oct-23-1961

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

1-1-1901

9. AGE (last birthday)

60

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)

CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

LEOPOLD MO

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

WM ARNZEN

13b. MOTHER'S MAIDEN NAME

Josephine Nenninger

14. NAME OF HUSBAND OR WIFE

MARY O. ARNZEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

488-42-2711

17. INFORMANT

Mary O. Arzen

Address

Leopold Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

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

DUE TO (b)

DUE TO (c)

Carcinomatous  
Primary left eye

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☐ 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 10/23/61 to 10/23/61 and last saw him alive on 10/23/61  
Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

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

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

None

Ward

Leopold, Mo.

Oct. 26-1961

Mrs. Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

NOV 1 1961

### 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

*Jenneth Wiley*

Licensed Embalmer No. 5086

P. O. Address Luttrell, Mo.

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.