

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036436

STATE FILE NUMBER

AMENDED

Registration District No. 104

Primary Registration District No. 476

Registrar's No. 21

FILED OCT 30 1961

1. PLACE OF DEATH

a. COUNTY

DUNKLIN COUNTY

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

Length of stay in 1b

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

a. STATE MO.

b. COUNTY DUNKLIN

c. CITY
OR TOWN MALDENInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION AT HOMEInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
207 N. MARIONReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

DORAT

FRANCES

ARENDS

4. DATE OF DEATH

Month

Day

Year

OCTOBER 19, 1961

5. SEX
FEMALE6. COLOR OR RACE
WHITE7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
4-9-18759. AGE (last birthday)
86 yrsIF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSEWIFE10b. KIND OF BUSINESS OR INDUSTRY
HOME11. BIRTHPLACE (City and state or country)
CHARLESTON, MO.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

FRANCIS XAVIER

13b. MOTHER'S MAIDEN NAME

ANNA MARIE HALTER

14. NAME OF HUSBAND OR WIFE

JOSEPH N. ARENDS, Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, none unknown) (If yes, give war or dates of service)
NO16. SOCIAL SECURITY NO.
499-22-9904

17. INFORMANT

Address

JOSEPH ARENDS Jr., MALDEN, 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)

CEREBRAL HEMORRHAGE

INTERVAL BETWEEN ONSET AND DEATH

6 Days

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

DUE TO (b)

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.

☐ 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, Year20d. 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 9 SEPT 1960 to 16 Oct 61 and last saw her alive on 16 Oct 61
Death occurred at 9:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles L. Williams M.D.

22b. ADDRESS

MALDEN, Mo.

22c. DATE SIGNED

20 Oct 61

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

23b. DATE

OCT. 21, 1961

23c. NAME OF CEMETERY OR CREMATORY

PARK CEMETERY

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

MALDEN,

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

DAY & KNIGHT F.H.

MALDEN, MO.

25. DATE RECD. BY LOCAL REG.

10-27-61

26. REGISTRAR'S SIGNATURE

J. L. Schumacher

(Licensed Embalmer's Statement on Reverse Side)

1961 2 AON

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

J. L. Korman

Licensed Embalmer No. 4086

P. O. Address Malden

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.