

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007416

AMENDED

Registration District No. 274

FILED MAR 12 1962

Primary Registration District No. 3052

Registrar's No. 95

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u>		Length of stay in 1b		c. CITY OR TOWN <u>Sedalia</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1601 So. Engineer</u>			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>1601 So. Engineer</u>		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>J.</u> Last <u>ARNOLD</u>				4. DATE OF DEATH Month <u>March</u> Day <u>6</u> Year <u>1962</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>1-15-1912</u>	
9. AGE (last birthday) <u>43</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Reclamation Dept</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac.</u>		11. BIRTHPLACE (City and state or country) <u>Pettis Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u>							
13a. FATHER'S NAME <u>Erwin Arnold</u>				13b. MOTHER'S MAIDEN NAME <u>Dora Duesmeyer</u>		14. NAME OF HUSBAND OR WIFE <u>Reta Chaney Arnold</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Navy WW II</u>				16. SOCIAL SECURITY NO. <u>703-03-0856</u>		17. INFORMANT <u>Mrs Reta Arnold</u> Address <u>1601 So. Engineer Sedalia</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) <u>undetermined</u>							
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 ☐ Unknown	
19. 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 <u>3:45</u> a.m. <u>3/6/62</u> 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.) <u>10/26/55</u>		20f. CITY, TOWN, OR LOCATION <u>3/6/62</u>		COUNTY <u>Sedalia</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>10/26/55</u> to <u>3/6/62</u> and last saw him alive on <u>3/6/62</u> Death occurred at <u>3:45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>M. M. Munnell</u> (Degree or title) <u>SO.</u>				22b. ADDRESS <u>Sedalia, Mo.</u>		22c. DATE SIGNED <u>3/7/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-8-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>	
24. FUNERAL DIRECTOR <u>McLaughlin Bros</u>		ADDRESS <u>Sedalia</u>		25. DATE RECD. BY LOCAL REG. <u>Mar 7, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 16 1962

APR 10 1963

MAR 13 1962

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.P.M. Lary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.