

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED APR 6 1962 318 Primary Registration District No. 1003 Registrar's No. 2966

-62-012421

STATE FILE NUMBER

DO NOT WRITE ON THIS SUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2966

VS 300  
Rev. 4/59

1

3

4 0

5 0

6

7 1

8 1

9

10

11

12 91

13

91

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Kane</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>24 hours</b>	c. CITY OR TOWN <b>South Elgin, Illinois</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Belnor Hotel 802 N.9th St</b>			Inside Limits No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R. R. #1 Box 17</b>	
3. NAME OF DECEASED (Type or print) <b>Phillip Eugene Arnold</b>			4. DATE OF DEATH Month <b>March</b> Day <b>17</b> Year <b>1962</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-28-38</b>	9. AGE (last birthday) <b>23</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Serviceman Vending Machine</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Murphysboro, Ill.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>			13a. FATHER'S NAME <b>Erwin Arnold</b>		
13b. MOTHER'S MAIDEN NAME <b>Margaret Walsh</b>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>yes 1956</b>			16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT <b>Bruce Arnold</b> Address <b>Murphysboro, Ill.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bullet wound entering the lower lip making its exit in the Spinal Column and out the base of the Skull; Spinal Cord was shot in half; Self inflicted in Hotel Room at 802 N. 9th St., on or about</b> 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) <b>3/17/62 while suffering mental aberration. Suicide</b> 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					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>See above</b>	
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 checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hotel room</b>		20f. CITY, TOWN, OR LOCATION <b>St. Louis Mo</b> COUNTY _____ STATE _____			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Helen L Taylor, Coroner</b>			22b. ADDRESS <b>1300 Clark Ave.</b>		22c. DATE SIGNED <b>3-19-62</b>
23a. BURIAL PLACE (City, town, or county) <b>Burial</b>		23b. DATE <b>3-21-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Louis Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Murphysboro, Illinois</b>
24. FUNERAL DIRECTOR <b>Meyer-Denny Funeral Home</b>			25. DATE RECD. BY LOCAL REG. <b>MAR 19 1962</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>

USE BLACK INK OR TYPEWRITER RIBBON

**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 James L. Chenoweth

Licensed Embalmer No. 5168

P. O. Address Millstadt, Illinois

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.