

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014071

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 27

Primary Registration District No. 5092

Registrar's No. 90

FILED MAY 1 1962

## 1. PLACE OF DEATH

a. COUNTY

Bates

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

OR TOWN Lone Oak Twp.

Length of stay in 1b

0

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

HOSPITAL OR INSTITUTION 4 miles S Butler Mo.

Inside Limits

Yes ☐ No ☒

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

a. STATE

Missouri

b. COUNTY

Jasper

Inside Limits

Yes ☐ No ☒

c. CITY

OR TOWN

Joplin

d. STREET

ADDRESS

(If outside, give location)  
1707 Duquesne Rd

Reside on Farm

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

First

FLOYD

Middle

RALPH

Last

ARNALL

## 4. DATE OF DEATH

Month

April

Day

25,

Year

1962

## 5. SEX

M

## 6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10-23-1925

## 9. AGE (last birthday)

36

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Automobile Salesman

## 10b. KIND OF BUSINESS OR INDUSTRY

Automobile

## 11. BIRTHPLACE (City and state or country)

Granby, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Phillip Arnall

## 13b. MOTHER'S MAIDEN NAME

Leona Shipman

## 14. NAME OF HUSBAND OR WIFE

Lora Arnall

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

(Yes, not known) (If yes, give year or dates of service)

Yes

W.W. II

## 16. SOCIAL SECURITY NO.

Unknown

## 17. INFORMANT

Address

Mrs. Lora Arnall, 1707 Duquesne Road

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

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Shunt fracture

## INTERVAL BETWEEN ONSET AND DEATH

Instant

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

## DUE TO (b)

Multiple internal

## DUE TO (c)

injuries

## 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.)

Automobile - Truck accident

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

April 25-62

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.)

No # 71

## 20f. CITY, TOWN, OR LOCATION

Butler, Mo.

## COUNTY

Bates Co.

## STATE

## 21. I attended the deceased from

April 25-62 to April 25-62

and last saw her

him alive on

Dead on arrival

## Death occurred at

7:45 A

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

James A. Luck Jr. M.D.

## 22b. ADDRESS

Route BK Bldg. Butler, Mo

## 22c. DATE SIGNED

4/26/62

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

Removal

## 23b. DATE

4-25-1962

## 23c. NAME OF CEMETERY OR CREMATORY

GRANBY CEMETERY GRANBY

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

Joplin, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

STEVE PARKER MORTUARY, JOPLIN, MISSOURI

## 25. DATE RECD. BY LOCAL REG.

4-26-62

## 26. REGISTRAR'S SIGNATURE

Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10070

2499-

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11007

1271-0

131-0

MAY 4 1962

JUN 5 1962

MAY 25 1962

VS JUN 21 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

*John A. Underwood*

Licensed Embalmer No.

3585

P. O. Address

Butler 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.