

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027768

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
 AMENDED  
 DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 ITEM NO.  
 BY AFFIDAVIT OF

Registration District No. 187 Primary Registration District No. 5701 Registrar's No. 159

FILED AUG 13 1962

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>Peoria</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe Green Twp</u>		c. CITY OR TOWN <u>Peoria</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>West 6 Mi. East 36 Hiway</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1114 E. Seneca</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>SALLY ANN AREHART</u>		4. DATE OF DEATH Month Day Year <u>Aug. 3, 1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 24, 1936</u>
9. AGE (last birthday) <u>27</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Omaha, Neb.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Don C. Young</u>	
13b. MOTHER'S MAIDEN NAME <u>Viola Thon</u>		14. NAME OF HUSBAND OR WIFE <u>Jon Arehart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Don C. Young, Englewood, Colo</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>Shock</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Immed.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>Hemorrhage Internal + External</u> <u>Immed.</u>
DUE TO (c) <u>Multiple Injuries</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Automobile Accident</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>11:00 p.m. 8-3-62</u>		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.) <u>Highway 36</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>6 miles West Chillicothe, Livingston, Mo.</u>	
21. I attended the deceased from <u>never</u> to _____ and last saw her <u>alive</u> on _____ Death occurred at <u>11:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J.B. Webber D.O. Coroner</u>		22b. ADDRESS <u>901 Jackson Chillicothe Mo</u>	22c. DATE SIGNED <u>8-5-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Aug. 9, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Chable Hills</u>	23d. LOCATION (City, town, or county) (State) <u>Englewood Colc.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Lindley Funeral Home, Chillicothe, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 5, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Amalie Taylor</u>

SEP 13 1962

SEP 5 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 \_\_\_\_\_

Licensed Embalmer No. 48

P. O. Address Chellicothe, 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.