

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033362

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

333

Primary Registration District No.

3074

Registrar's No.

186

FILED AUG 27 1962

1. PLACE OF DEATH

a. COUNTY

SCOTT

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

SIKESTON

Length of stay in 1b

6 WEEKS

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

COMMUNITY DELTA HOSP.

Inside Limits

Yes ☒ No ☐

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

a. STATE

Missouri

b. COUNTY

SCOTT

c. CITY  
OR TOWN

KELSO

Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS(If outside, give location)  
WEST Edge of townReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

VERBIE

LOUISE

ARNOLD

4. DATE  
OF DEATH

Month

Day

Year

AUG.

15

1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

FEB. 22 1921

9. AGE (last birthday)

41

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

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

BANK TELLER

10b. KIND OF BUSINESS OR INDUSTRY

FARMERS &amp; MERCHANTS BANK

11. BIRTHPLACE (City and state or country)

Blodgett, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOHN JAMES

13b. MOTHER'S MAIDEN NAME

FLORENCE McCANN

14. NAME OF HUSBAND OR WIFE

MARVIN ARNOLD

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT  
Address  
MARVIN ARNOLD - Kelso, Missouri18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CHRONIC CYELO NEPHRITIS

INTERVAL BETWEEN  
ONSET AND DEATH  
SEV. YEARSConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying 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  
INJURYHour  
a.m.  
p.m.

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.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

8.15.62

7:05 P

to 8.15.62

and last saw her alive on 1.28.62

Death occurred at 8.15.62 on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

L. G. Papp

(Degree or title)

MA

22b. ADDRESS

Sikeston, Mo

22c. DATE SIGNED

8.21.62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

23b. DATE

Aug. 18, 1962

23c. NAME OF CEMETERY OR CREMATORY

ST. JOSEPH CATHOLIC Cem.

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

Ibbmo, Missouri

(State)

24. FUNERAL DIRECTOR

Bispinghoff Funeral Home - Ibbmo, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Aug. 23-1962

26. REGISTRAR'S SIGNATURE

Jeanette Waldman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 27 1966

AUG 27 1962

No permit issued

# 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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Missouri

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.