

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034271

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 199

STATE FILE NUMBER

FILED OCT 1 1962

1. PLACE OF DEATH
 a. COUNTY **FRANKLIN**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **LADARIE Washington** Length of stay in lb
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **D.P.H. City Limits - Washington** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MO.** b. COUNTY **FRANKLIN**
 c. CITY OR TOWN **UNION** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **501 ROBIN ST.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **WASHINGTON GAINES ARRINGTON**
 4. DATE OF DEATH Month Day Year **SEPT. 22 1962**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **FEB. 28, 1891** 9. AGE (last birthday) **71** IF UNDER 1 YEAR Mopths **6** Days **24** IF UNDER 24 HR Hours **0** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **OIL DRILLER** 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (City and state or country) **THORNTON, TEXAS** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **J. E. ARRINGTON** 13b. MOTHER'S MAIDEN NAME **VIRGINIA ROGERS** 14. NAME OF HUSBAND OR WIFE **TILLIE ARRINGTON**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **[REDACTED]** 17. INFORMANT Address **TILLIE ARRINGTON 501 ROBIN ST.**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (b) **Multiple injuries result of auto accident - Subject's car left road striking embankment**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **May have suffered acute illness before accident**
 PART III. If deceased was female was pregnant in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) **While driving auto vehicle**

20c. TIME OF INJURY Hour **6:30?** a.m. **9/22/62** 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.) **Near Ladarie Franklin Mo** 20f. CITY, TOWN, OR LOCATION COUNTY STATE **Union Franklin Mo**

21. I attended the deceased from **6:30: A** to **6:30: A** and last saw her/him alive on **9/22/62**. Death occurred at **Union, Mo.**

22. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **Union, Mo** 22c. DATE SIGNED **9/24/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **SEPT. 25, 1962** 23c. NAME OF CEMETERY OR CREMATORY **UNION CEMETERY** 23d. LOCATION (City, town, or county) (State) **UNION MISSOURI**

24. FUNERAL DIRECTOR ADDRESS **OLTMANN FUNERAL HOME UNION, MO.** 25. DATE RECD. BY LOCAL REG. **9/25/62** 26. REGISTRAR'S SIGNATURE **[Signature]**

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

APR 9 1963

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 Ralph Ottmann

Licensed Embalmer No. 4808

P. O. Address Union, 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.