

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039728

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 278Primary Registration District No. 3054Registrar's No. 140

FILED OCT 31 1962

VS 300
Rev. 4/59

10822

28120

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY PIKE CO. MISSOURI		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILL. b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA, MO.		c. CITY OR TOWN ROCKPORT, ILL.	Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE CO. HOSPITAL		d. STREET ADDRESS 1308 1/2 N. 25th	Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM LOYD ARNETT		4. DATE OF DEATH Month Day Year OCT. 19 1962	
5. SEX M	6. COLOR OR RACE W	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 1895
9. AGE (last birthday) 67		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 1 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM LABORER		10b. KIND OF BUSINESS OR INDUSTRY FARM LABORER	11. BIRTHPLACE (City and state or country) NEW CANTON, ILL.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME OSCAR ARNETT	
13b. MOTHER'S MAIDEN NAME MATILDA SAXBURY		14. NAME OF HUSBAND OR WIFE MARY DEARDUFF	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, YES (known) (If WORLD WAR I (of service))		16. SOCIAL SECURITY NO. 329-30-0569	
17. INFORMANT Mary Dearduff Rockport, Ill.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Coronary Occlusion DUE TO (c) ASHD		INTERVAL BETWEEN ONSET AND DEATH 10 min. 2 wks.	
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 ☐ Unknown	
19. 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 INJURY Hour 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 10/6/62 to 10/19/62 and last saw him alive on 10/18/62 Death occurred at 4:01 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) John A. Middleton M.D.	
22b. ADDRESS Louisiana		22c. DATE SIGNED 10/21/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 31, 1962	23c. NAME OF CEMETERY OR CREMATORY MILLER CEMETERY	
23d. LOCATION (City, town, or county) ATLAS, ILL.		24. FUNERAL DIRECTOR FRANK WARD	
25. DATE RECD. BY LOCAL REG. 10-24-62		26. REGISTRAR'S SIGNATURE Bernice Collier	

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

JAN 8 1963

NOV 2 1962

MAR 28 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 Frank Ward, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Ward Funeral Home

Licensed Embalmer No. 6062

P. O. Address Pleasant Hill, Ill.

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.