

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043784

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 301

Primary Registration District No.

Registrar's No.

88

FILED DEC 12 1962

## 1. PLACE OF DEATH

a. COUNTY

Ripley.

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

Gatewood, Mo.

Length of stay in 1b

20 yrs.

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

HOSPITAL OR

INSTITUTION

Rt. # 1,

Inside Limits

Yes ☐ No ☒

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

a. STATE

Mo.

b. COUNTY

Ripley.

Inside Limits

Yes ☐ No ☒

c. CITY

OR

TOWN

Gatewood, Mo.

d. STREET

ADDRESS

(If outside, give location)

Rt. # 1,

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Susie Ann Arnold.

4. DATE

OF

DEATH

Month

Day

Year

11-16-1962

## 5. SEX

Female.

## 6. COLOR OR RACE

White.

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

5-11-1876.

## 9. AGE (last birthday)

86.

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

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

Housewife.

## 10b. KIND OF BUSINESS OR INDUSTRY

Own Home.

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

Camden County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John White.

## 13b. MOTHER'S MAIDEN NAME

Unknown.

## 14. NAME OF HUSBAND OR WIFE

Deceased.

## 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.

None.

## 17. INFORMANT

Unknown.

## Address

Mrs. Nancy Redus-Gatewood, Mo.

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

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Myocardial Infarct.

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

## DUE TO (b)

generalized arteriosclerosis.

## DUE TO (c)

## INTERVAL BETWEEN ONSET AND DEATH

30 min.

## 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 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 11/15/58 to 11/16/62 and last saw her alive on 11/4/62.

Death occurred at 7:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Frank S. Johnson, M.D.

## 22b. ADDRESS

Doniphan, Mo.

## 22c. DATE SIGNED

11/18/62

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

Burial.

## 23b. DATE

11-18-1962.

## 23c. NAME OF CEMETERY OR CREMATORY

New Home Cemetery.

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

Ripley County, Missouri.

## 24. FUNERAL DIRECTOR

## ADDRESS

M.C. McNabb, Pochontas, Ark.

## 25. DATE RECD. BY LOCAL REG.

12-18-62

## 26. REGISTRAR'S SIGNATURE

Flava Broz

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

6910

20910

3

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9420.1

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11

12 70-0

13 1-0

**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 M. C. McNabb.

Licensed Embalmer No. 680 (Ark.)

P. O. Address Decatur, Ark.

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.