

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000159

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 29

FILED FEB 13 1963

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                |  |                                                                                                                                                             |  |                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Bates</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Bates</b>                       |  |                                                                       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Butler</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                |  | Length of stay in 1b<br><b>50 yrs.</b>                                                                                                                      |  | c. CITY OR TOWN <b>Butler</b>                                         |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Bates Co. Memorial Hosp</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                |  | Inside Limits<br>No <input type="checkbox"/>                                                                                                                |  | d. STREET ADDRESS (If outside, give location)<br><b>502 W. Ohio</b>   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Eva</b> Middle <b>Ann</b> Last <b>Arnold</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                |  | 4. DATE OF DEATH<br>Month <b>Jan.</b> Day <b>31</b> Year <b>1963</b>                                                                                        |  |                                                                       |  |
| 5. SEX<br><b>Female</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 6. COLOR OR RACE<br><b>White</b>                                                                               |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>1-24-1886</b>                                  |  |
| 9. AGE (last birthday)<br><b>77</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Homemaker</b> |  | 11. BIRTHPLACE (City and state or country)<br><b>Orleans, Mo.</b>                                                                                           |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                          |  |
| 13a. FATHER'S NAME<br><b>Samuel D. Strain</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                |  | 13b. MOTHER'S MAIDEN NAME<br><b>Annie Walker</b>                                                                                                            |  | 14. NAME OF HUSBAND OR WIFE<br><b>Dr. T.W. Arnold</b>                 |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                |  | 16. SOCIAL SECURITY NO.<br><b>None</b>                                                                                                                      |  | 17. INFORMANT<br><b>Mrs. Fred Hargrave</b> Address <b>Butler, Mo.</b> |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Generalized Broncho-pneumonia</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Carcinoma of the stomach</b><br>DUE TO (c) <b>Metastatic liver</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |                                                                                                                |  |                                                                                                                                                             |  |                                                                       |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 20a. ACCIDENT <input 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.)                                                                |  |                                                                       |  |
| 20c. TIME OF INJURY<br>Hour <b>7:55</b> a.m. <b>P.M.</b> Month, Day, Year <b>Jan 31, 1963</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>         |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Home</b>                                                     |  | 20f. CITY, TOWN, OR LOCATION<br><b>Butler, Mo.</b>                    |  |
| 21. I attended the deceased from <b>Jan 1963</b> to <b>Jan 31, 1963</b> and last saw her alive on <b>Jan 31, 1963</b><br>Death occurred at <b>7:55 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                |  |                                                                                                                                                             |  |                                                                       |  |
| 22a. SIGNATURE (Degree or title)<br><b>Carter W. Luter MD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                |  | 22b. ADDRESS<br><b>Butler, Mo.</b>                                                                                                                          |  | 22c. DATE SIGNED<br><b>3/4/63</b>                                     |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 23b. DATE<br><b>2-2-1963</b>                                                                                   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oakhill Cemetery</b>                                                                                               |  | 23d. LOCATION (City, town, or county) (State)<br><b>Butler, Mo.</b>   |  |
| 24. FUNERAL DIRECTOR<br><b>Culver-Underwood</b> ADDRESS <b>Butler, Mo.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                |  | 25. DATE RECD. BY LOCAL REG.<br><b>2-2-1963</b>                                                                                                             |  | 26. REGISTRAR'S SIGNATURE<br><b>Norman Frank Wilson</b>               |  |

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

**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

*Robert B. Stenlund*

Licensed Embalmer No. 4657

P. O. Address Bridley 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.