

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-022844

STATE FILE NUMBER

Registration District No. 323 Primary Registration District No. 6090 Registrar's No. 34

FILED JUN 3 1963

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty Township</u>		c. CITY OR TOWN <u>Marshall</u>	
Length of stay in 1b <u>unknown</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>1 miles N.E. of Sweet Springs</u>		d. STREET ADDRESS (If outside, give location) <u>571 S. Davis</u>	
Inside Limits Yes ☐ No ☒		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Otto</u> Middle <u>Clarence</u> Last <u>Arnold</u>		4. DATE OF DEATH Month <u>May</u> Day <u>23</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>10/4/1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe factory worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>International Shoe Co.</u>	
11a. FATHER'S NAME <u>John Henry Arnold</u>		11b. MOTHER'S MAIDEN NAME <u>Florence Rossen</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		12b. SOCIAL SECURITY NO. <u>500-20-1399</u>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>accidental gunshot wound</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Ash Arnold</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
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 ☐ 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.) <u>while hunting</u>	
20c. TIME OF INJURY Hour <u>5</u> a.m. <u>23</u> p.m. <u>63</u>	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.) <u>8 miles N.E. of Sweet Springs</u>		20f. CITY, TOWN, OR LOCATION <u>Liberty Township</u>	
20g. COUNTY <u>Saline</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>made investigation on 5/23/63</u> and last saw her <u>alive on</u> <u>5/23/63</u> Death occurred at <u>5/23/63</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>P.L. Loukas M.D. Bruner</u>		22b. ADDRESS <u>Marshall Mo</u>	
22c. DATE SIGNED <u>5-24-63</u>		22d. LOCATION (City, town, or county) (State) <u>Sweet Springs Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 25, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	
23d. FUNERAL DIRECTOR <u>Edgar L. Maselny</u>		23e. ADDRESS <u>Sweet Springs, Mo.</u>	
24. DATE RECD. BY LOCAL REG. <u>May 24, 1963</u>		25. REGISTRAR'S SIGNATURE <u>Mary Maselny</u>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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

1 0970
2 0975
3 2
4 0
5 1
6
7 0
8 2
9 9198
10 43
11 097
12 91-3
13 2-0

JUL 24 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

Edgar L. Mosley

Licensed Embalmer No. 4771

P. O. Address Swat Springs, NC

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.