

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-340986

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 291 Primary Registration District No. 44/33 Registrar's No. 90

FILED OCT 22 1963

|                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                                                                      |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Putnam                                                                                                                                                                                                                                                                         |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Putnam                                          |                                                               |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Unionville                                                                                                                                                                                                                               |                                                                                                           | c. CITY OR TOWN Unionville                                                                                                                                           |                                                               |
| Length of stay in 1b 36 Yrs.                                                                                                                                                                                                                                                                                  |                                                                                                           | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                    |                                                               |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION P.C. Memorial Hospital                                                                                                                                                                                                         |                                                                                                           | d. STREET ADDRESS (If outside, give location)<br>2324 Monroe                                                                                                         |                                                               |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                             |                                                                                                           | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                                   |                                                               |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>Charles W. Arnold                                                                                                                                                                                                                                 |                                                                                                           | 4. DATE OF DEATH<br>Month Day Year<br>October 16, 1963                                                                                                               |                                                               |
| 5. SEX<br>Male                                                                                                                                                                                                                                                                                                | 6. COLOR OR RACE<br>White                                                                                 | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br>9/12/1873                                 |
| 9. AGE (last birthday)<br>90                                                                                                                                                                                                                                                                                  |                                                                                                           | 10. IF UNDER 1 YEAR<br>Months 1 Days 4                                                                                                                               |                                                               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Farm Owner                                                                                                                                                                                                     |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Farm                                                                                                                            |                                                               |
| 11. BIRTHPLACE (City and state or country)<br>Putnam County, Mo.                                                                                                                                                                                                                                              |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br>U. S. A.                                                                                                                              |                                                               |
| 13a. FATHER'S NAME<br>John Arnold                                                                                                                                                                                                                                                                             |                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br>Elizabeth Grimes                                                                                                                        |                                                               |
| 14. NAME OF HUSBAND OR WIFE<br>Nancy W. Arnold                                                                                                                                                                                                                                                                |                                                                                                           | Address 2324 Monroe                                                                                                                                                  |                                                               |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No                                                                                                                                                                                             |                                                                                                           | 16. SOCIAL SECURITY NO.<br>None                                                                                                                                      |                                                               |
| 17. INFORMANT<br>Mrs. Nancy W. Arnold                                                                                                                                                                                                                                                                         |                                                                                                           | Address 2324 Monroe Unionville, Mo.                                                                                                                                  |                                                               |
| 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) Cerebral hemorrhage<br>DUE TO (b) arteriosclerosis & hypertension<br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                                                                                           | INTERVAL BETWEEN ONSET AND DEATH<br>6 months                                                                                                                         |                                                               |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>Hemiparesis & Sensibility                                                                                                                                                |                                                                                                           | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input 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 a.m. p.m.<br>Month, Day, Year                                                                                                                                                                                                                                                     | 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.)                                                                                                                                                                                                                      | 20f. CITY, TOWN, OR LOCATION<br>Unionville, Missouri                                                      |                                                                                                                                                                      |                                                               |
| 21. I attended the deceased from June 6-63 to Oct 16-63 and last saw him alive on Oct 16-63<br>Death occurred at 6:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                 |                                                                                                           | 22. ADDRESS<br>Unionville, Missouri                                                                                                                                  |                                                               |
| 22a. SIGNATURE<br>Chas. L. Judd                                                                                                                                                                                                                                                                               | 22b. ADDRESS<br>Unionville, Missouri                                                                      |                                                                                                                                                                      | 22c. DATE SIGNED<br>10/17/63                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial                                                                                                                                                                                                                                                           | 23b. DATE<br>10/19/1963                                                                                   | 23c. NAME OF CEMETERY OR CREMATORY<br>Unionville Cemetery                                                                                                            | 23d. LOCATION (City, town, or county)<br>Unionville, Missouri |
| 24. FUNERAL DIRECTOR<br>Comstock Funeral Home                                                                                                                                                                                                                                                                 | 25. DATE RECD. BY LOCAL REG.<br>10-19-63                                                                  |                                                                                                                                                                      |                                                               |
| 26. REGISTRAR'S SIGNATURE<br>Maxwell Durbin                                                                                                                                                                                                                                                                   |                                                                                                           |                                                                                                                                                                      |                                                               |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

10860

20860

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DATE AMENDED

**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

*John N. Comstock*

Licensed Embalmer No. 3891

P. O. Address Linnville, 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.