

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046731

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 6147 Registrar's No. 56

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1020

2 1020

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12 90-3

13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tiger Fork</u>		c. CITY OR TOWN <u>Shelbyville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route W</u>		d. STREET ADDRESS (If outside, give location) <u>Route W</u>	
3. NAME OF DECEASED (Type or print) First <u>Esther</u> Middle <u>Mary</u> Last <u>Arnold</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>20</u> Year <u>1963</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-30-1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Shelby County Mo.</u>	
13a. FATHER'S NAME <u>James Tarbet</u>		14. NAME OF MOTHER'S MAIDEN NAME <u>Harriet Robinson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		17. INFORMANT <u>Doris Spilker</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage in Frontal Lobe</u> DUE TO (b) <u>Concussion</u> DUE TO (c) <u>Head on Collision Two cars involved.</u>		INTERVAL BETWEEN ONSET AND DEATH	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Same as above</u>	
20c. TIME OF INJURY Hour <u>5/10</u> p.m. Month, Day, Year <u>IO 20 63</u>		20f. CITY, TOWN, OR LOCATION <u>IO MI E. Bethel</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>Bethel Missouri</u>	
22a. SIGNATURE (Degree or title) <u>Coroner</u>		22c. DATE SIGNED <u>1024/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 24, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I. O. F.</u>	23d. LOCATION (City, town, or county) (State) <u>Shelbyville, Mo.</u>
24. FUNERAL DIRECTOR <u>Greening</u>		25. DATE RECD. BY LOCAL REG. <u>10/23/63</u>	
26. REGISTRAR'S SIGNATURE <u>Shelbyville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

107310-1002

NOV 20 1968

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

Charles V. Sheen

Licensed Embalmer No.

4625

P. O. Address

Clarence W. W.

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.

Permit Expires 10/23/68

(A.A.)