

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048746

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 215

Primary Registration District No. 5783

Registrar's No. 21

VS 300
Rev. 4/59

1 0660

2 0660

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12 94-2

13 30

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MILLER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SLAZE		Length of stay in 1b Lifetime	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osage Beach		d. STREET ADDRESS (If outside, give location) LAKE-OZARK	
3. NAME OF DECEASED (Type or print) First DON Middle RAY Last ARNOLD		4. DATE OF DEATH Month Dec. Day 19 Year 1963	
5. SEX MALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4 Sept-1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RURAL-CARRIER		10b. KIND OF BUSINESS OR INDUSTRY U.S. Postal-	
11a. FATHER'S NAME Walter-A. Arnold		11b. BIRTHPLACE (City and state or country) Miller Co Mo	
13a. MOTHER'S MAIDEN NAME AMANDA-THOMPSON		14. NAME OF HUSBAND OR WIFE CARRIE-ARNOLD	
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 CARRIE-ARNOLD-LAKE-OZARK Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Decompensated Car. Pulmonale DUE TO (c) Primary Pulmonary Tuberculosis		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 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.) NONE	
20c. TIME OF INJURY Hour NONE s.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION NONE		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 5:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard Watson		22b. ADDRESS D.O. LAKE-OZARK-Mo	
22c. DATE SIGNED 20 Dec-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 22 Dec-1963	23c. NAME OF CEMETERY OR CREMATORY New Hope	23d. LOCATION (City, town, or county) (State) MILLER-Co MO
24. FUNERAL DIRECTOR Keith-M-Kays-		25. DATE RECD. BY LOCAL REG. Dec. 23-1963	
ADDRESS ELDON-MO		26. REGISTRAR'S SIGNATURE Jessie Perkins	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

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

Herb M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.