

FILED JAN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

922

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 8

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Clinton</u> | c. LENGTH OF STAY (In this place)<br><u>19 yrs.</u> | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Clinton</u> <u>0420</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Wetzel Hospital</u>                      |   | d. STREET ADDRESS (If rural, give location)<br><u>Rd. 4 - 1/2 miles. W. of town</u>   |  |

|   |  |
|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Charles</u><br>b. (Middle) <u>B.</u><br>c. (Last) <u>Arnold</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Jan 8, 1950</u> |
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|                       |                                  |  |  |  |
|-----------------------|----------------------------------|--|--|--|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>Feb. 17, 1880</u> | 9. AGE (In years last birthday) <u>69</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>21</u> IF UNDER 2 HRS. Hours <u></u> Min. <u></u> |
|-----------------------|----------------------------------|--|--|--|

|  |   |   |   |
|--|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmet</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Henry County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
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|--|--|---|
| 13a. FATHER'S NAME<br><u>Edgar P. Arnold</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Maggie Moran</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Mollie Arnold</u> |
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|   |  |  |                                |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Raymond Arnold</u> | ADDRESS<br><u>Clinton, Mo.</u> |
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|---|---|------|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastases</u>  |      | INTERVAL BETWEEN ONSET AND DEATH<br><u>known time June at 1949.</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Carcinoma of Liver</u> |      |   |
|   | DUE TO (c) <u>original location was</u>   |      |   |
| 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Carcinoma of pylorus and of stomach.</u>  |   | 151X |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 1-1, 1950, to 1-8, 1950, that I last saw the deceased alive on 1-8, 1950 and that death occurred at 4:30 p.m., from the causes and on the date stated above.

|   |   |                                    |
|---|---|------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><u>Geo. D. Ford - V</u> | 23b. ADDRESS<br><u>D.O. Clinton Mo.</u> | 23c. DATE SIGNED<br><u>1-10-50</u> |
|---|---|------------------------------------|

|  |                                  |  |   |
|--|----------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>Jan 10, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Englewood</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Clinton Mo.</u> |
|--|----------------------------------|--|---|

|  |  |   |                               |
|--|--|---|-------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>Jan-10-50</u> | REGISTRAR'S SIGNATURE<br><u>Florence Adair</u> | 112<br>GENERAL DIRECTOR'S SIGNATURE<br><u>J. E. Conzelius</u> | ADDRESS<br><u>Clinton Mo.</u> |
|--|--|---|-------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0422  
0

Wetzell

RECEIVED  
District Health Officer No. 71  
District File Number 12-49-1588  
Date Filed 1-16-50

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 \_\_\_\_\_  
Student Embalmer

Signed J E Conner  
Licensed Embalmer No. 1891

P. O. Address Clinton 220

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 this body is not embalmed, fact should be so stated above.