

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42052

State File No.

No. 300
10-48

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. 17 PRIMARY REG. DIST. NO. 6096 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Butler</u>		c. CITY (If outside corporate limits, write BUREAU and give township) OR TOWN <u>Montrose</u> <u>0420</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Come Free Rest Home</u>		d. STREET ADDRESS (If rural, give location) <u>in Montrose</u>	

3. NAME OF DECEASED (Type or Print) <u>Nicholas Francis Arens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-31-53</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>3-23-1872</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Frank Arens</u>		13b. MOTHER'S MAIDEN NAME <u>Justina Koob</u>		14. NAME OF HUSBAND OR WIFE <u>Anne J. Arens</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anne J. Arens Montrose Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic C.V. disease</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>		20. AUTOPSY? 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Jan 1953, to Dec 31, 1953, that I last saw the deceased alive on Dec 30, 1953, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. A. Lickman MD</u>		23b. ADDRESS <u>Appleton City, Mo.</u>		23c. DATE SIGNED <u>Dec 31 53</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-2-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montrose cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Henry Co Mo</u>					

DATE REC'D BY LOCAL REG. <u>Jan 1-1954</u>		REGISTRAR'S SIGNATURE <u>Rendall Kerney</u> (17-18)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lickman-Pumroy Clinton Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Robert L. Dunning

Licensed Embalmer No. 4770

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.