

## STANDARD CERTIFICATE OF DEATH.

State File No. 42659

FILED DEC 28 1953

BIRTH NO.		REG. DIST. NO. 137	PRIMARY REG. DIST. NO. 3023	Registrar's No. 275
1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton 0422		
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hospital		d. STREET ADDRESS (If rural, give location) 613 S Washington 0		
3. NAME OF DECEASED (Type or Print) Mary Lucinda Arnold		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) Dec 16, 1953		5. SEX Female		6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 4/21/1905		9. AGE (In years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Bald Hill I. T. (OKLA)
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME R. B. Cable		13b. MOTHER'S MAIDEN NAME Mattie Hendricks
14. NAME OF HUSBAND OR WIFE J. D. Arnold		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 0		16. SOCIAL SECURITY NO. 500-22-1156
17. INFORMANT'S SIGNATURE OR NAME J. D. Arnold		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) malignant hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ADDRESS Clinton Mo INTERVAL BETWEEN ONSET AND DEATH 10 da 9 Mo
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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? 441X
22. I hereby certify that I attended the deceased from April, 1952, to Dec 16, 1953, that I last saw the deceased alive on 12-16, 1953, and that death occurred at 4:24 P.M., from the causes and on the date stated above.				
23a. SIGNATURE G. Consalvus		(Degree or title) M.D. Clinton Mo		23b. ADDRESS Clinton Mo
23c. DATE SIGNED 12-17-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/18/53
24c. NAME OF CEMETERY OR CREMATORY Englewood Cem		24d. LOCATION (City, town, or county) (State) Clinton Mo		24e. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Dec 21-53
24f. REGISTRAR'S SIGNATURE Florence Adair		24g. FUNERAL DIRECTOR'S SIGNATURE J. E. Consalvus		24h. ADDRESS Clinton Mo

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 Consalus

Licensed Embalmer No. 1897

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.