

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026824
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 173

FILED JUL 30 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0425
2 0080
3 1
4 1
5 2
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7 0
8 0
9 5400
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12 2-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BENTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLINTON		Length of stay in 1b 2 WEEKS	c. CITY OR TOWN WARSAW Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION WETZEL HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7mi N. WARSAW Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EARNEST WILLIAM ARNOLD			4. DATE OF DEATH Month Day Year JULY 20 1962
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-8-1886
9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) WARSAW, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JEREMIAH ARNOLD	
13b. MOTHER'S MAIDEN NAME RACHEL COOK		14. NAME OF HUSBAND OR WIFE RACHEL 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 Address MRS. MERLIN BAIKE Cole CAMP, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE EXSANGUINATION			INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HEMMORRHAGING PEPTIC ULCER OF STOMACH			2 WEEKS
DUE TO (c) ARTERIOSCLEROSIS			15 YRS.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) SENILITY			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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
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.)	20f. CITY, TOWN, OR LOCATION WARSAW, MO.	COUNTY STATE BENTON MO.
21. I attended the deceased from JULY, 5, 1962 to JULY, 20, 1962 last saw her/him alive on JULY, 19, 1962 Death occurred at 3:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Guss Schaller DO</i> (Degree or title)		22b. ADDRESS WARSAW, MO.	22c. DATE SIGNED 7-21-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-23-1962	23c. NAME OF CEMETERY OR CREMATORY MT. PLEASANT	23d. LOCATION (City, town, or county) (State) BENTON MO.
24. FUNERAL DIRECTOR CHARLES F. FOX Cole CAMP, MO ADDRESS		25. DATE RECD. BY LOCAL REG. July 21, 1962	26. REGISTRAR'S SIGNATURE <i>Mildred Biggers</i>

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 Charles F. Fox

Licensed Embalmer No. 4610

P. O. Address Colo Camp, 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.

Permit issued 7-21-62 W.B. & R.