

FILED FEB 4 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124 69-001423

## CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 25

DO NOT WRITE  
ON THIS STUBVS 300  
Rev. 1/68

9. 0  
10a. 84  
10b.  
11. 1  
12. 1  
13. 4109  
14.  
15. 4  
16.  
17.  
18. 2  
19. CREDITS  
20. 1-0

## DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED. IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

## PARENTS

## CAUSE

## CERTIFIER

## BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)					
1. George Arthur Arnold		2. Male	3. January 15-1969								
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH				
4. 0425 White		5a. 84	5b.	5c.	6. March 4, 1884		7a. Henry				
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)							
7b. CLINTON.		7c. YES		7d. Wetzel Osteopathic Hospital							
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)					
8. Illinois		9. U.S.A.		10. Married		11. Julia Arnold					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY						
12. 711-14-8581		13a. Retired Carpenter			13b. Carpentry						
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER				
14a. Missouri		14b. ST. CLAIR	14c. Lowry City		14d. YES		14e. R.R. Lowry City				
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—NAME						
15. John Arnold		16. Unknown									
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
17a. Julia Arnold				17b. Lowry City Missouri							
PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
18. IMMEDIATE CAUSE		(a) Medullary Meningeal					months				
DUE TO, OR AS A CONSEQUENCE OF:		(b) myocardial Infarction					acute				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(c) Coronary artery disease					year				
PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		Blushing, Abnormalities of Gait and Vision					19a. NO				
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)					
20a.		20b.		20c. M. 20d.							
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		(STREET OR R.F.D. NO., CITY OR TOWN, STATE)					
20e.		20f.		20g.							
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21a. I ATTENDED THE DECEASED FROM		21b. 2/3/67 TO 1-15-69		21c. 1/15/69		21d. did		21e. 10:45			
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		MONTH DAY YEAR		HOUR			
22a.		22b. 10:45 AM		22c. 1/15/69		22d. 10:45 AM		22e.			
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)					
23a. James C. Clouse		23b. [Signature]		23c. [Title]		23d. [Date]					
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP			
23a.		23b. 105 E. Ohio		23c. Clinton		23d. Mo.		23e. 64735			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE			
24a. Burial		24b. Lowry City Cemetery		24c. Lowry City Missouri		24d.		24e.			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
24a. JANUARY 18, 1969		24b. R.E. Nichols Chapels		24c. Box 428 CLINTON, MO.		24d. R.E. Nichols		24e. Mildred Bigum		24f. 1/30/69	
25a.		25b.		25c.		25d.		25e.			

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

**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 *R. E. Nichols*

Licensed Embalmer No. 4997  
P. O. Address Chesler, Md.

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 obtained 1-30-69*  
*(M.B.)*