MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68 0009073
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6070 Registrar's No. 74

FILED MAR 12 1968

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0		
2	59	0	0940
3			90
4	0	0	940
5	1		
6	4109		
7			
8	4		
9			
10			
11	0		
12			
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: ST. FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KNOB LICK LIBERTY Twp. — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RESIDENCE — Inside Limits: Yes ☒ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. FRANCOIS
c. CITY OR TOWN KNOB LICK — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CHARLES Middle EARNEST Last ARNOLD

4. DATE OF DEATH: Month MARCH Day 7 Year 1968

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 2/25/09

9. AGE (last birthday): 59 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRACK MAN

10b. KIND OF BUSINESS OR INDUSTRY: ST. JOE LEAD CO.

11. BIRTHPLACE (City and state or country): ST. FRANCOIS CO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: MILTON P. ARNOLD

13b. MOTHER'S MAIDEN NAME: MARY HAWH

14. NAME OF HUSBAND OR WIFE: MYRTLE MARIE 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.: 499-03-5849

17. INFORMANT Address: MRS. MARIE ARNOLD KNOB LICK, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Aug. 1956 to Feb. 25, '68 and last saw her him alive on Feb. 25, 1968
Death occurred at 3:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B.A. Michaelis M.D. B.A. Michaelis, M.D.

22b. ADDRESS: 135 S. Mine La Motte Fredericktown, Missouri

22c. DATE SIGNED: 3-7-68

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 3/10/68

23c. NAME OF CEMETERY OR CREMATORY: KNOB LICK CEMETERY

23d. LOCATION (City, town, or county) (State): KNOB LICK Mo

24. FUNERAL DIRECTOR ADDRESS: C. H. COZEAN FARMINGTON, Mo.

25. DATE RECD. BY LOCAL REG.: Mar. 7, 1968

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

MAR 14 1966

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 Otha Cozart

Licensed Embalmer No. 4084

P. O. Address Farmington 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.