

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025682

X FILED VS JUL 29 1959 60

Registration District No. \_\_\_\_\_ Primary Registration District No. 559 Registrar's No. 109 STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Joachim</u>		Length of stay in 1b _____	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>4215 Lafayette Ave.</u>

3. NAME OF DECEASED (Type or print) First <u>BESSIE</u> Middle _____ Last <u>ARNOLD</u>			4. DATE OF DEATH Month <u>July</u> Day <u>18</u> Year <u>1959</u>			
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-17-1904</u>	9. AGE (last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restaurant Operator-Murphy Grill</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Murphy Grill</u>	11. BIRTHPLACE (City and state or country) <u>Piedmont, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Zachary Murphy</u>	13b. MOTHER'S MAIDEN NAME <u>Lula Hackworth</u>	14. NAME OF HUSBAND OR WIFE <u>Late William Arnold</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-30-4502</u>	17. INFORMANT <u>Thelma Dwyer</u>	Address <u>5660 Cabanne Ave.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Trauma due to Auto Accident.</u>		INTERVAL BETWEEN ONSET AND DEATH _____
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Two car Accident.</u>
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20c. TIME OF INJURY <u>5:20</u> Hour _____ Month, Day, Year <u>7/18/59</u> p.m.
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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.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION <u>Joachim Twp. Jeff.</u>	COUNTY <u>Mo.</u>	STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>5:30 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>James C. [Signature]</u> (Degree or title)	22b. ADDRESS <u>N.C. Corner [Signature]</u>	22c. DATE SIGNED <u>7/20/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Mtr)</u>	23b. DATE <u>July 22, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mountain View Cem.</u>	23d. LOCATION (City, town, or county) <u>Des Arc, Mo.</u>
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24. FUNERAL DIRECTOR <u>Kriegshauser</u>	ADDRESS <u>4228 S. Kingshighway</u>	25. DATE RECD. BY LOCAL REG. <u>7-20-59</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1951 08 21

OCT 8 1950

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William B White

Licensed Embalmer No. 4291

P. O. Address 4228 1/2 Kings

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to conform 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.