No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20063

BIRTH NO. ____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 2486

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 52 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1100 WEST 76TH STREET TERRACE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 1100 WEST 76TH STREET TERRACE

3. NAME OF DECEASED (Type or Print): a. (First) DWIGHT b. (Middle) NOEL c. (Last) ARROWSMITH

4. DATE OF DEATH (Month) (Day) (Year): JUNE-2-1950

5. SEX: M

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: DEC.-24-1888

9. AGE (In years last birthday): 61 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): K C Public Works

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): St Louis Mo

12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: George ARROWSMITH

13b. MOTHER'S MAIDEN NAME: Rosette Chartrand

14. NAME OF HUSBAND OR WIFE: 1100 West 76th St Ter VERNA Arrowsmith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 486-09-6234

17. INFORMANT'S SIGNATURE OR NAME: Mrs Verna Arrowsmith | ADDRESS: see above

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion — 1 hour
DUE TO (c) Arteriosclerotic H. Dis. — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive C.V. Dis. — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 4200

20. AUTOPSY? YES ☐ NO ☐

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 13 May, 1950, *to* 2 June, 1950, *that I last saw the deceased alive on* 31 May, 1950, *and that death occurred at* 1:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Mahlon H. Delp (Degree or title): Mahlon H. Delp MD

23b. ADDRESS: Yal Kans Med Center

23c. DATE SIGNED: 3 June '50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 5-50

24c. NAME OF CEMETERY OR CREMATORY: Forest Hill

24d. LOCATION (City, town, or county) (State): KC Mo

DATE REC'D BY LOCAL REG.: 6-3-50

REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomer's Sons | **ADDRESS**: 1331 Brush Creek Blvd Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Rec. of Hanks Mfg.

Newcomb - Ro-0024

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed D. P. Nofsinger

Signed.....
Student Embalmer

Licensed Embalmer No. 13938

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.