

FILED JUN 15 1951

## STANDARD CERTIFICATE OF DEATH

16406

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2279</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
c. LENGTH OF STAY (In this place) <b>43 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>4036 E. 68th St.</b>		<b>3880</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4036 E. 68th St.</b>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <b>DOROTHY</b>	b. (Middle) <b>D.</b>	c. (Last) <b>ARNOLD</b>	(Month) <b>May</b>	(Day) <b>27</b>	(Year) <b>1951</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>November 22, 1907</b>	
9. AGE (In years last birthday) <b>43</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>		13a. FATHER'S NAME <b>Milton Domville</b>		13b. MOTHER'S MAIDEN NAME <b>Ethel DeVashier</b>		14. NAME OF HUSBAND OR WIFE <b>Kenneth Arnold</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Kenneth Arnold 4036 E. 68th K. C. Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cor. Colou. Met to Liver.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6mo</b>			
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (b) _____			
DUE TO (c) _____				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				150X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>May 22, 1951</u> , to <u>May 27, 1951</u> , that I last saw the deceased alive on <u>5/27</u> , 1951, and that death occurred at <u>11:50A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>H. C. Trippé MD</b> (Degree or title)				23b. ADDRESS <b>1014 Armpk.</b>		23c. DATE SIGNED <b>5/28/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 29, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>5-28-51</b>		REGISTRAR'S SIGNATURE <b>Steraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WILKS FUNERAL HOME 2315 Linwood K.C. 3 Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Frippe  
Areyle Bldg  
Noon

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..... *Chas Eretilke*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *Honolulu*

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