

STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 13 1951

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1117

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte Co.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edgerton</u>		<u>0.830</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>/</u>		

3. NAME OF DECEASED (Type or Print)			a. (First) <u>William</u>		b. (Middle) <u>A</u>		c. (Last) <u>Arnold</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8, 1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>		8. DATE OF BIRTH <u>Oct. 15, 1877</u>			9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Douglas Co. Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Joe Arnold</u>		13b. MOTHER'S MAIDEN NAME <u>Emmline Carter</u>		14. NAME OF HUSBAND OR WIFE <u>Cumma 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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leo Wade Edgerton, Mo.</u>			ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolicus Rv ley</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cont. Scler. General</u>					<u>4 yrs</u>
		DUE TO (c) <u>Coronary Heart Disease</u>					<u>4 yrs</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 March 1950, to Oct 7, 1951, that I last saw the deceased alive on Oct 7, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. W. F. Fisher M.D.</u>		(Degree or title)		23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>10-8-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 10, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>No. 6 Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gower, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Nov. 7, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casty</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Clark</u>		ADDRESS <u>120 Illinois</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

E. A. Clark

Signed.....

Student Embalmer

Licensed Embalmer No. *4238*

P. O. Address *St. Joseph*

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.