

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2140

1. PLACE OF DEATH  
 a. COUNTY Jackson  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  
 c. LENGTH OF STAY (In this place) 2 days  
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hosp

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
 a. STATE Missouri b. COUNTY Caldwell  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Polo  
 d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print)  
 a. (First) Wesley b. (Middle) A. c. (Last) Arnote  
 4. DATE OF DEATH (Month) (Day) (Year) 5 10 52

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
 8. DATE OF BIRTH 7-9-1890 9. AGE (In years last birthday) 67 10. MONTHS 1 11. DAYS 1 12. HOURS 1 13. MIN. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer  
 10b. KIND OF BUSINESS OR INDUSTRY Self  
 11. BIRTHPLACE (City and State or Foreign Country) Missouri  
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alfred Arnote 13b. MOTHER'S MAIDEN NAME Chloe Gauden 14. NAME OF HUSBAND OR WIFE Gertude Arnote

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) \_\_\_\_\_  
 16. SOCIAL SECURITY NO. \_\_\_\_\_  
 17. INFORMANT'S SIGNATURE OR NAME Mrs. Gertude Arnote, Polo, Mo. ADDRESS \_\_\_\_\_

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.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? (a) Indeterminate Intracranial Lesion  
 ANTECEDENT CAUSES morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) urinary suppression  
 DUE TO (c) post-operative cerebral thrombosis  
 II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) none  
 INTERVAL BETWEEN ONSET AND DEATH 35

19a. DATE OF OPERATION 5-8-52 19b. MAJOR FINDINGS OF OPERATION Normal cerebellum 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) \_\_\_\_\_ 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 5-2, 1952 to 5-10, 1952 that I last saw the deceased  alive on 5-10, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Robert W. Forsythe (Degree or title) MD 23b. ADDRESS 44 Nichols Rd 23c. DATE SIGNED 5/10/52

24a. BURIAL CREMATION (Specify) Burial 24b. DATE 5-12-52 24c. NAME OF CEMETERY OR CREMATORY Prarie Ridge 24d. LOCATION (City, town, or county) (State) Caldwell County Mo.

DATE REC'D BY LOCAL REG. 5-10-52 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE Cramer Clark ADDRESS Kingston, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1952

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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 .....

Student Embalmer

Signed *Cramer Clark*

Licensed Embalmer No. *3257*

P. O. Address *Kingston, 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 this body is not embalmed, fact should be so stated above.