

FILED JAN 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43302

State File No. _____
Registrar's No. 2

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>4239</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit</u>		c. LENGTH OF STAY (In this place) <u>30yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Summit,</u>		100!
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>500 Howard St.</u>			d. STREET ADDRESS (If rural, give location) <u>500 Howard St.</u>		
3. NAME OF DECEASED (Type or Print) <u>Clarence</u>		a. (First)	b. (Middle) <u>Judson</u>	c. (Last) <u>Arnold</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 9, 1887</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>William P. Arnold</u>		13b. MOTHER'S MAIDEN NAME <u>Milanda Jane Roof</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Arnold</u>		
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>495-05-9512</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Grace Arnold, Lee's Summit, Mo.</u>		
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) <u>Chronic Lymphatic Leukemia.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	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>2040</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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>Aug. 9, 1950</u> , to <u>Dec. 30, 1953</u> , that I last saw the deceased alive on <u>12-30, 1953</u> , and that death occurred at <u>3:30 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Clint R. Miller M.D.</u>			23b. ADDRESS <u>Lee's Summit Mo</u>		23c. DATE SIGNED <u>12-31-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 2, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit,</u>	24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-2-1954</u>	REGISTRAR'S SIGNATURE <u>N.B. Langford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>N.B. Langford</u>		
			ADDRESS <u>Lee's Summit, Mo.</u>		

7807

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

FEB 8 1955
MAY 22 1955

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 _____

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, Missouri

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.