

FILED APR 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8076**  
Registrar's No. **1291**

BIRTH NO. **6162-55** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>1 1/2 mo</b>	c. CITY OR TOWN <b>KANSAS CITY</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3713 E. 12th St.</b>		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <b>Edward Glenn Arnold</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 23, 1955</b>	

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <del>SEPARATED</del> <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>1-15-1955</b>	9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Months Days <b>2</b>	IF UNDER 1 HRS. Hours Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHILD</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CHILD</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Branson mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>0</b>	

13a. FATHER'S NAME <b>Geo. Arnold</b>	13b. MOTHER'S MAIDEN NAME <b>Norma Lee Baker</b>	14. NAME OF HUSBAND OR WIFE <b>Geo. Arnold 3713 E. 12th St.</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>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Geo. Arnold 3713 E. 12th St.</b>

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) <b>Cause of death embolism</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>7955</b>
	ANTECEDENT CAUSES Morbidity 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	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **3:00 p.m.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Geo. C. Kealhofer</b>	(Degree or title)	23b. ADDRESS <b>6627 West 45th Ave</b>	23c. DATE SIGNED <b>3-22-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>3-23-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Helena Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Helena Mo.</b>
DATE REC'D BY LOCAL REG. <b>3-23-55</b>	REGISTRAR'S SIGNATURE <b>Meva Minibell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. ...</b> ADDRESS <b>1931 ...</b>	

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

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.