

STANDARD CERTIFICATE OF DEATH

State File No. 28979

FILED SEP 26 1955

BIRTH NO. 54996-55 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 993

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 1 day		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.		e. STREET ADDRESS (If rural, give location) 922 E. Cliff St.,	

3. NAME OF DECEASED (Type or Print) a. (First) ROBIN b. (Middle) GARRETT c. (Last) ARNOLD			4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1955			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	8. DATE OF BIRTH Sept. 7, 1955	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Paul Arnold		13b. MOTHER'S MAIDEN NAME Betty Hutchens		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Arnold, 922 E. Cliff St.,	

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION St. Joseph, Mo.		INTERVAL BETWEEN ONSET AND DEATH 172 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis		DUPLICATE (b) Prematurity			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 7625			

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)		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 Sept 7, 1955, to Sept. 8, 1955, that I last saw the deceased alive on Sept 8, 1955, and that death occurred at 1:55a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Judson M. Hughes M.D.		23b. ADDRESS 2067 Kirkpatrick Bldg		23c. DATE SIGNED 9/9/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 9, 1955		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
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DATE REC'D BY LOCAL REG. Sept 19, 1955		REGISTRAR'S SIGNATURE 4850 Bethel M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2222 Funeral Home, St. Joseph, Mo.	
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(Licensed Embalmer's Sealman 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Will J. Cherry*.....

Licensed Embalmer No. 4679.....

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